

| Period | PeriodStart | PeriodEnd | spec_name | min_outcome | diag_proc | reason_for_denial | indication_offered | auth_count | Year | Quarter |
|----------------------|-------------|-----------|------------------------------------|-------------|---|-------------------|---|------------|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | Chest Pain; 72 year old female presents with c/o Chest pain/discomfort midsternal right-sided. c/o duration since 07/13/2021 . c/o Dyspnea on exertion. c/o Shortness of breath. c/o Dizziness. c/o Fatigue. ; 07/14/2021 patient pres; This study is being ordered for a neurological disorder.; Chest Pain; 72 year old female presents with c/o Chest pain/discomfort midsternal right-sided. c/o duration since 07/13/2021 . c/o Dyspnea on exertion. c/o Shortness of breath. c/o Dizziness. c/o Fatigue. ; 07/14/2021 patient pres; There has not been any treatment or conservative therapy.; Chest Pain; 72 year old female presents with c/o Chest pain/discomfort midsternal right-sided. c/o duration since 07/13/2021 . c/o Dyspnea on exertion. c/o Shortness of breath. c/o Dizziness. c/o Fatigue. ; 07/14/2021 patient pres; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | | Advanced Practice Registered Nurse | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct" | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | Dyspnea, chronic; Interstitial lung disease; Shortness of breath; tracheal stenosis, lung disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is an immediate family history of aneurysm.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 7/1/2021; There has not been any treatment or conservative therapy.; left arm pain, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|---|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Patient presents to the clinic today to re-establish care with increased headaches.;She relates the daily persistent headache to starting after her last COVID vaccination 1 month ago.;She describes as dull 3-4/10 and up to 7-8/10 at times.;She has not ; This study is being ordered for a neurological disorder.; Daily, migraines in the past but worsening since covid vaccines around 08/15/21; There has been treatment or conservative therapy.; daily headaches and elevated BP, eye pain.; pain medications, migraine treatments that are no longer helping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 12 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | 02/03/2021; There has been treatment or conservative therapy.; PT HAS COMPLETED 6 CYCLES AND WE ARE NEEDING SCANS TO MAKE SURE THIS WORKED WE HAVE TRIED FOR A PET SCAN AND;IT IS STILL BEING DENIED. PT HAS NOT HAD A BASELINE PET SCAN DUE TO BEING DENIED NOW SHE HAS COMPLETED 6 CYCLES OF CHEMOTHERAPY AND NOW NEEDING R; FOLFOX STARTED 04/13/21 ;WHICH IS;5FU;OXALIPLATIN ;LEUCOVORIN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | 08/2019; There has been treatment or conservative therapy.; mixed germ cell tumor s/p right radical orchiectomy Aug '19; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | check size of mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Dyspnea, chronic; Interstitial lung disease; Shortness of breath; tracheal stenosis, lung disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71250 Computed tomography, thorax; without contrast material | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72125 Computed tomography, cervical spine; without contrast material | Patient had a Cervical Spine AP/LAT 2-3 views 9/15/2021. Complete loss of the C6-C7 disc space with anterior posterior spurring again noted, C7-T1 disc space narrowing; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72128 Computed tomography, thoracic spine; without contrast material | This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - or Type In Unknown If No Info Given. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; 02/14/2002; There has been treatment or conservative therapy.; thoracic and low back pain is constant and radiates to the thighs, upper and lower extremities; Physical therapy;;Chiropractic ;;Steriod injections ;;Spine injections; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Enter answer here - or Type In Unknown If No Info Given. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; 02/14/2002; There has been treatment or conservative therapy.; thoracic and low back pain is constant and radiates to the thighs, upper and lower extremity; Physical therapy;;Chiropractic ;;Steriod injections ;;Spine injections; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 9 | 2021 | Jul-Sep 2021 |
| | | | | | US of bilateral lower femoral doppler showed no significant PVD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIAL ONSET IS UNKOWN, PRIOR TESTING FOR SYMPTOMS WERE DONE ON 7/22/21 AN EMG AND US OF THE LOWER EXTREMITES; There has been treatment or conservative therapy.; neuropathy in legs, worsening in left foot; prescribed gabapentin, advised of importance for good shoes/insoles with support, elevate extremities when sitting, no lifting over 5 lbs., biofreeze, slow stretches BID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | | | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | 1 | 2021 | Jul-Sep 2021 |
| | | | | | Ct that was done (9/5/21) showed mid to distal pancreatic kaleneoplasm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | | | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | 1 | 2021 | Jul-Sep 2021 |
| | | | | | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis. | | | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | 1 | 2021 | Jul-Sep 2021 |
| | | | | | This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum. | | | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | 1 | 2021 | Jul-Sep 2021 |
| | | | | | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | | | |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | US of bilateral lower femoral doppler showed no significant PVD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIAL ONSET IS UNKOWN, PRIOR TESTING FOR SYMPTOMS WERE DONE ON 7/22/21 AN EMG AND US OF THE LOWER EXTREMITES; There has been treatment or conservative therapy.; neuropathy in legs, worsening in left foot; prescribed gabapentin, advised of importance for good shoes/insoles with support, elevate extremities when sitting, no lifting over 5 lbs., biofreeze, slow stretches BID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | NECK AND SHOULDER PAIN TINGELING AND NUMBNESS; This study is being ordered for trauma or injury.; 7/28/2021; There has been treatment or conservative therapy.; PAIN IN ALL DIRECTION; PATIENT WENT TO ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Physical therapy not indicated. Rule out occult ganglion cyst versus ligamentous injury. Patient has been using NSAIDs, prescription pain medication, activity modification and bracing.; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Wrist pain, traumatic injury. Negative x-rays. Persistent pain with wrist extension and pressure applied to palm.; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdomen. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 02/03/2021; There has been treatment or conservative therapy.; PT HAS COMPLETED 6 CYCLES AND WE ARE NEEDING SCANS TO MAKE SURE THIS WORKED WE HAVE TRIED FOR A PET SCAN AND;IT IS STILL BEING DENIED. PT HAS NOT HAD A BASELINE PET SCAN DUE TO BEING DENIED NOW SHE HAS COMPLETED 6 CYCLES OF CHEMOTHERAPY AND NOW NEEDING R; FOLFOX STARTED 04/13/21 ;WHICH IS;;5FU;OXALIPLATIN ;LEUCOVORIN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 8/14/2019; There has been treatment or conservative therapy.; progressive iron deficiency anemia, Microcytic hypochromic anemia, dsypnea, fatigue, issues maintaining adequate ferritin level, oozing from hiatal hernia, b12 defifficiency, folic acid deficiency, fibromyalgia, infectious colitis, sleep apnea; IV IRON; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 08/2019; There has been treatment or conservative therapy.; mixed germ cell tumor s/p right radical orchiectomy Aug '19; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Chest Pain; 72 year old female presents with c/o Chest pain/discomfort midsternal right-sided. c/o duration since 07/13/2021 . c/o Dyspnea on exertion. c/o Shortness of breath. c/o Dizziness. c/o Fatigue. ; 07/14/2021 patient pres; This study is being ordered for a neurological disorder.; Chest Pain; 72 year old female presents with c/o Chest pain/discomfort midsternal right-sided. c/o duration since 07/13/2021 . c/o Dyspnea on exertion. c/o Shortness of breath. c/o Dizziness. c/o Fatigue. ; 07/14/2021 patient pres; There has not been any treatment or conservative therapy.; Chest Pain; 72 year old female presents with c/o Chest pain/discomfort midsternal right-sided. c/o duration since 07/13/2021 . c/o Dyspnea on exertion. c/o Shortness of breath. c/o Dizziness. c/o Fatigue. ; 07/14/2021 patient pres; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; Reason: Infection (system matched response); DIVERTICULITIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pain to right inguinal area-reports hx of recurrent hernias; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/16/21; There has not been any treatment or conservative therapy.; gastric pain & weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Ct that was done (9/5/21) showed mid to distal pancreatic kaleneoplasm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | ; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer; The patient has a lifetime risk score of greater than 20. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | This is a request for a Bone Density Study; This patient has not had a bone mineral density study within the past 23 months; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a documented ejection fraction of less than or equal to 40%; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Other than listed above best describes the patients clinical presentation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member has NOT tested positive for Coronavirus (Covid 19) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The members is under 16 years old.; The member tested positive for Coronavirus (Covid 19) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Post operative exam for cardiac intervention best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|---|---|--------------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | <p>Patient presents to the clinic today to re-establish care with increased headaches.;She relates the daily persistent headache to starting after her last COVID vaccination 1 month ago.;She describes as dull 3-4/10 and up to 7-8/10 at times.;She has not ; This study is being ordered for a neurological disorder.; Daily, migraines in the past but worsening since covid vaccines around 08/15/21; There has been treatment or conservative therapy.; daily headaches and elevated BP, eye pain.; pain medications, migraine treatments that are no longer helping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering IMDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | pt has been in to see provider for head and neck pain multiple times and tried all known treatments with no relief for patient.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/06/2021; There has been treatment or conservative therapy.; Head and neck pain.; Pt has had antibiotic treatment and ear irrigation, labs, and steroid treatments.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | pt has been in to see provider for head and neck pain multiple times and tried all known treatments with no relief for patient.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/06/2021; There has been treatment or conservative therapy.; Head and neck pain.; Pt has had antibiotic treatment and ear irrigation, labs, and steroid treatments.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the Neck. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | New onset headaches, multiple failed medications; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Initial onset was on or around 07-06-2021 and has been constant since with pain level varying.; There has been treatment or conservative therapy.; ear pain, headache, neck pain; Medications, labs, ear irrigation, referral to specialist.; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 8/14/2019; There has been treatment or conservative therapy.; progressive iron deficiency anemia, Microcytic hypochromic anemia, dyspnea, fatigue, issues maintaining adequate ferritin level, oozing from hiatal hernia, b12 deficiency, folic acid deficiency, fibromyalgia, infectious colitis, sleep apnea; IV IRON; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Neoplasm: abdomen ;malignancy; There has been treatment or conservative therapy.; ; At that time, she had been treated with domperidone for 2 years. She report having nausea and bloating but was able to tolerate most meals without much difficulty. She did have worsening of symptoms with high fat foods. I recommended that she try weaning ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/16/21; There has not been any treatment or conservative therapy.; gastric pain & weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | Pt has a history of nicotine dependence. Has smoked 1 pack a day for the last 32 years.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | NECK AND SHOULDER PAIN TINGELING AND NUMBNESS; This study is being ordered for trauma or injury.; 7/28/2021; There has been treatment or conservative therapy.; PAIN IN ALL DIRECTION; PATIENT WENT TO ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Unable to move neck.; This study is being ordered for trauma or injury.; 03/09/2021; There has been treatment or conservative therapy.; Severe lower abdominal pain swelling numbness tingling.; medications xray Chiro.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | NECK AND SHOULDER PAIN TINGELING AND NUMBNESS; This study is being ordered for trauma or injury.; 7/28/2021; There has been treatment or conservative therapy.; PAIN IN ALL DIRECTION; PATIENT WENT TO ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Unable to move neck.; This study is being ordered for trauma or injury.; 03/09/2021; There has been treatment or conservative therapy.; Severe lower abdominal pain swelling numbness tingling.; medications xray Chiro.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Unable to move neck.; This study is being ordered for trauma or injury.; 03/09/2021; There has been treatment or conservative therapy.; Severe lower abdominal pain swelling numbness tingling.; medications xray Chiro.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Initial onset was on or around 07-06-2021 and has been constant since with pain level varying.; There has been treatment or conservative therapy.; ear pain, headache, neck pain; Medications, labs, ear irrigation, referral to specialist.; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | pain in his left shoulder and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Pt has been having pain for a month. Steroids and cyclobenzaprine have not been helping the pain.; 1 month ago; There has been treatment or conservative therapy.; neck and back pain. numbness in arms and legs; ketorolac;medrol dose pack;cyclobenzaprine;physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | She has had pain in her left shoulder, her neck, her upper and lower back and her left knee since the accident.She has been taking OTC medications for pain relief; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient has a neurologic deficit.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | inter vertebral disc; 8/3/2021; It is not known if there has been any treatment or conservative therapy.; pain; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Pt has been having pain for a month. Steroids and cyclobenzaprine have not been helping the pain.; 1 month ago; There has been treatment or conservative therapy.; neck and back pain. numbness in arms and legs; ketorolac;medrol dose pack;cyclobenzaprine;physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | She has had pain in her left shoulder, her neck, her upper and lower back and her left knee since the accident.She has been taking OTC medications for pain relief; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | STDUIES NEEDED IN ORDER TO EVALUTE ONGOING SYMPTOMS AFTER SURGICAL PROCEDURE PERFORMED. EVALUATE FOR STENOSIS.; UNKOWN, PT INDICATES INITIAL SYMPTOMS HAVE ONSET OF YEARS. AFTER SURGICAL PROCEDURE PT HAD FOLLOW UP ON 07/15/2021. PT INDICATED STILL HAVING THESE SYMPTOMS.; There has been treatment or conservative therapy.; LEFT LOWER EXTREMITY NUMBNESS AND BILATERAL LOWE EXTREMITY CLAUDICATION.; PATIENT HAD ANTERIOR CERVICAL FUSION OF C5-T1 ON 06/22/2021.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | They have done PT x-rays and medication with no answers as to why they are in so much pain; Sep 2020; There has been treatment or conservative therapy.; pain in middle and lower back ;Pain is aching, deep, numbness and shooting. No reliving factors; Pt has had PT and medication management; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; pain on palpitation, history of bulging disks, and abnormal MRI in past. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Back pain with radiculopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | inter vertebral disc; 8/3/2021; It is not known if there has been any treatment or conservative therapy.; pain; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | She has had pain in her left shoulder, her neck, her upper and lower back and her left knee since the accident.She has been taking OTC medications for pain relief; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | STUDIES NEEDED IN ORDER TO EVALUTE ONGOING SYMPTOMS AFTER SURGICAL PROCEDURE PERFORMED. EVALUATE FOR STENOSIS.; UNKOWN, PT INDICATES INITIAL SYMPTOMS HAVE ONSET OF YEARS. AFTER SURGICAL PROCEDURE PT HAD FOLLOW UP ON 07/15/2021. PT INDICATED STILL HAVING THESE SYMPTOMS.; There has been treatment or conservative therapy.; LEFT LOWER EXTREMITY NUMBNESS AND BILATERAL LOWE EXTREMITY CLAUDICATION.; PATIENT HAD ANTERIOR CERVICAL FUSION OF C5-T1 ON 06/22/2021.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 8 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | They have done PT x-rays and medication with no answers as to why they are in so much pain; Sep 2020; There has been treatment or conservative therapy.; pain in middle and lower back ;Pain is aching, deep, numbness and shooting. No relieving factors; Pt has had PT and medication management; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73200 Computed tomography, upper extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | pain in his left shoulder and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Reports he was driver, wearing seatbelt. Airbags deployed. The car was T-boned and flipped over 1-2 times ;He was seen in ER on day of accident and had some imaging completed on neck and back. ;He had to go back around 4/9/21 and had more images althoug; This study is being ordered for trauma or injury.; 03/24/2021; There has been treatment or conservative therapy.; Reports he was driver, wearing seatbelt. Airbags deployed. The car was T-boned and flipped over 1-2 times ;He was seen in ER on day of accident and had some imaging completed on neck and back. ;He had to go back around 4/9/21 and had more images althoug; ER visits; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | She has had pain in her left shoulder, her neck, her upper and lower back and her left knee since the accident.She has been taking OTC medications for pain relief; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Unable to move neck.; This study is being ordered for trauma or injury.; 03/09/2021; There has been treatment or conservative therapy.; Severe lower abdominal pain swelling numbness tingling.; medications xray Chiro.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | She has had pain in her left shoulder, her neck, her upper and lower back and her left knee since the accident. She has been taking OTC medications for pain relief; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging.; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | X-rays inconclusive; This study is being ordered for trauma or injury.; 6/23/21; There has been treatment or conservative therapy.; Pain and swelling; Antiinflammatory and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdomen. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Neoplasm: abdomen ;malignancy; There has been treatment or conservative therapy.; ; At that time, she had been treated with domperidone for 2 years. She report having nausea and bloating but was able to tolerate most meals without much difficulty. She did have worsening of symptoms with high fat foods. I recommended that she try weaning ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Reports he was driver, wearing seatbelt. Airbags deployed. The car was T-boned and flipped over 1-2 times ;He was seen in ER on day of accident and had some imaging completed on neck and back .;He had to go back around 4/9/21 and had more images althoug; This study is being ordered for trauma or injury.; 03/24/2021; There has been treatment or conservative therapy.; Reports he was driver, wearing seatbelt. Airbags deployed. The car was T-boned and flipped over 1-2 times ;He was seen in ER on day of accident and had some imaging completed on neck and back .;He had to go back around 4/9/21 and had more images althoug; ER visits; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | Chest pain, abnormal EKG; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Radiology Services Denied Not Medically Necessary | post breast reduction surgery, axillary swelling, tenderness, rash. Ill-defined heterogeneous sonographic focus on US exam. need MRI per radiologist.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 7/1/2021; There has not been any treatment or conservative therapy.; left arm pain, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Advanced Practice Registered Nurse | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Allergy & Immunology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Allergy & Immunology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ambulatory/Walk-in Clinic | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; This study is being ordered for a neurological disorder.; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; There has been treatment or conservative therapy.; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72125 Computed tomography, cervical spine; without contrast material | | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis.;Bowel or bladder dysfunction, Evidence of new foot drop, etc... | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to suspected tumor with or without metastasis.; There is evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient complains of pain in Lower Back Pain, Back Pain -;Thoracic Region and Neck Pain.;t She has been experiencing this pain for last several years; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; She has definite weakness on the left with her hip flexion. Her quad and hamstring weakness is significant at 3/5 on the left.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Ernest Wren Jr is a 49 year old White male who complains primarily of neck pain. The patient states that the onset of pain was sudden with no known reason. It does not radiate. He states the pain is aching, burning, deep, sharp, shooting and throbbing. ; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; It is not known if there has been a recurrence of symptoms following surgery.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ;; There has been treatment or conservative therapy.;; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ;; There has been treatment or conservative therapy.;; ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | MRI cervical spine is being requested to further evaluate the patient?s persistent pain and symptoms. Findings;from this study will be incorporated, in conjunction with objective findings, into the decision process in;formulating a treatment plan for th; She has;been experiencing this pain for last several years.; There has been treatment or conservative therapy.; The pain radiates to from back of the neck to behind the eye. The patient complains of pain in Neck Pain.;;ICD: Other spondylosis, cervical region (M47.892);ICD: Spondylosis of thoracic region without myelopathy or radiculopathy (M47.814); (ex, NSAID's, home exercise program, etc.) gabapentin, lyrica, amitriptyline, NSAIDs, PT, OTC pain medication;Physical Therapy x6 weeks; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; This study is being ordered for a neurological disorder.; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; There has been treatment or conservative therapy.; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 6 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | MRI cervical spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings;from this study will be incorporated, in conjunction with objective findings, into the decision process in;formulating a treatment plan for th; She has;been experiencing this pain for last several years.; There has been treatment or conservative therapy.; The pain radiates to from back of the neck to behind the eye. The patient complains of pain in Neck Pain.;;ICD: Other spondylosis, cervical region (M47.892);;ICD: Spondylosis of thoracic region without myelopathy or radiculopathy (M47.814); (ex, NSAID's, home exercise program, etc.) gabapentin, lyrica, amitriptyline, NSAIDs, PT, OTC pain medication;Physical Therapy x6 weeks; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; LIMITED RANGE OF MOTION AND MUSCULAR WEAKNESS IN BACK. PATIENT ALSO STATES NUMBNESS AND TINGLING DOWN TO FEET. PARASPINAL MUSCULATURE AND FACET JOINTS ARE TENDER TO PALPATION. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Will upload clinicals | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Will upload clinicals. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ;; There has been treatment or conservative therapy.;; This study is being ordered for Neurological Disorder | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ;; There has been treatment or conservative therapy.;; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 60 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 29 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In UnknoProfessional caregivers seen in the past include emergency physician, family physician, physical therapist and;pain medicine doctor. Prior Tests Performed: x-rays, ct scan and mri Pain Medicines: codeine, tylenol #3, #; This study is being ordered for trauma or injury.; 8/26/2019; There has been treatment or conservative therapy.; She states the pain is aching, burning, cramping, deep, sharp;;shooting, throbbing and tingling.She states that her pain is all;the time and typically is felt when nothing specific is happening. The patient states that the pain seems to;worsen with any; physical therapy, tens;unit, trigger point injection(s), epidural steroid injection, nerve block, intercostal nerve block and sacroiliac joint;injection(s).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In UnknoProfessional caregivers seen in the past include emergency physician, family physician, physical therapist and;pain medicine doctor. Prior Tests Performed: x-rays, ct scan and mri Pain Medicines: codeine, tylenol #3, #; This study is being ordered for trauma or injury.; 8/26/2019; There has been treatment or conservative therapy.; She states the pain is aching, burning, cramping, deep, sharp;;shooting, throbbing and tingling.She states that her pain is all;the time and typically is felt when nothing specific is happening. The patient states that the pain seems to;worsen with any; physical therapy, tens;unit, trigger point injection(s), epidural steroid injection, nerve block, intercostal nerve block and sacroiliac joint;injection(s).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | -Advised patient have PCP check labs for increased joint and muscle pain to rule out RA;-Medication list has been reviewed and updated with patient.; 8/14/2019; There has been treatment or conservative therapy.; The patient states that the onset of pain;was gradual with no known reason. The pain is not the result of any injury or accident. It radiates to the right;shoulder, right arm, right hip, left hip, front of the right leg, back of the right leg, side of t; S/P #2 Sacroiliac Joint;injection, the patient states that the injection did not help relieve pain. PRESCRIPTION,; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; 3 MONTHS AGO; There has been treatment or conservative therapy.; NECK PAIN WITH ACHING AND THROBBING.; MEDICATION;APPLYING HOT PACKS; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; 05/22/2021; There has been treatment or conservative therapy.; NECK PAIN THAT IS SHARP, SHOOTING, THROBBING AND TINGLING. PALPATION OF THORACIC FACET JOINTS AT T5-T6, T6-T7,T7-T8 LEVELS REPRODUCED BACK PAIN HYPEREXTENSION AT THORACIC SPINE REPRODUCED BACK PAIN. FINDINGS FROM THESE STUDIES WILL BE INCORPORATED IN CONJ; PATIENT WAS GIVEN HOME EXERCISES THAT HAS INCREASED PAIN AND ALSO BEEN TAKING HYDROCODONE, METHOCARBAMOL, AND GABAPENTIN FOR PAIN; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 20 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/24/2018; There has not been any treatment or conservative therapy.; low back pain, upper thoracic back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; 05/22/2021; There has been treatment or conservative therapy.; NECK PAIN THAT IS SHARP, SHOOTING, THROBBING AND TINGLING. PALPATION OF THORACIC FACET JOINTS AT T5-T6, T6-T7, T7-T8 LEVELS REPRODUCED BACK PAIN HYPEREXTENSION AT THORACIC SPINE REPRODUCED BACK PAIN. FINDINGS FROM THESE STUDIES WILL BE INCORPORATED IN CONJ; PATIENT WAS GIVEN HOME EXERCISES THAT HAS INCREASED PAIN AND ALSO BEEN TAKING HYDROCODONE, METHOCARBAMOL, AND GABAPENTIN FOR PAIN; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Patient fell through her attic ceiling into the floor.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; This study is being ordered for a neurological disorder.; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; There has been treatment or conservative therapy.; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; R29.2 (ICD-10-CM) - Hyperreflexia ;R25.8 (ICD-10-CM) - Clonus ;H53.9 (ICD-10-CM) - Vision changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/24/2018; There has not been any treatment or conservative therapy.; low back pain, upper thoracic back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | XRAY THAT WAS DONE AT PRIMARY DOCTOR OFFICE 05/2021 DID SHOW MILD DISC DEGENERATIVE DISEASE IN LOWER BACK; WENT TO PRIMARY DOCTOR IN MAY 2021 FOR PAIN IN BACK; There has been treatment or conservative therapy.; RIGHT SIDED MIDDLE BACK PAIN. THE PATIENT DESCRIBES HER PAIN AS CONSTANT. THE PAIN IS DULL ACHING AND CRAMPING AND PAIN IS MADE WORSE WITH MOVEMENT AND INCREASED ACTIVITY. PATIENT SAYS AT ITS WORSE PAIN IS 10/10 AND THE LEAST 05/10, ON AVERAGE 07/10; HAS BEEN TREATED IN THE PAST WITH PAIN MEDICATION AND NSAIDS BUT DUE TO ULCERS PATIENT IS UNABLE TO CONTINUE NSAID TREATMENT; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | -Advised patient have PCP check labs for increased joint and muscle pain to rule out RA;-Medication list has been reviewed and updated with patient.; 8/14/2019; There has been treatment or conservative therapy.; The patient states that the onset of pain;was gradual with no known reason. The pain is not the result of any injury or accident. It radiates to the right;shoulder, right arm, right hip, left hip, front of the right leg, back of the right leg, side of t; S/P #2 Sacroiliac Joint;injection, the patient states that the injection did not help relieve pain. PRESCRIPTION.; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; 3 MONTHS AGO; There has been treatment or conservative therapy.; NECK PAIN WITH ACHING AND THROBBING.; MEDICATION;APPLYING HOT PACKS; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Barbara Brown is a 52 year old African American female who complains primarily of knee pain. The pain began;following an injury/accident that occurred 2018. It radiates to the left hip. She states the pain is aching;;cramping, sharp and pressure. On a n; This study is being ordered for trauma or injury.; The pain began;following an injury/accident that occurred 2018. It radiates to the left hip. She states the pain is aching;;cramping, sharp and pressure.; There has been treatment or conservative therapy.; Barbara Brown is a 52 year old African American female who complains primarily of knee pain. The pain began;following an injury/accident that occurred 2018. It radiates to the left hip. She states the pain is aching;;cramping, sharp and pressure. On a n; Prior Tests Performed: x-rays Pain;Medicines: otc medicines (tylenol, acetaminophen), ultram/tramadol and gabapentin (neurontin). Prior;Treatments: epidural steroid injection. MRI Lumbosacral spine is being requested to further evaluate the patient's pe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient fell through her attic ceiling into the floor.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 26 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | XRAY THAT WAS DONE AT PRIMARY DOCTOR OFFICE 05/2021 DID SHOW MILD DISC DEGENERATIVE DISEASE IN LOWER BACK; WENT TO PRIMARY DOCTOR IN MAY 2021 FOR PAIN IN BACK; There has been treatment or conservative therapy.; RIGHT SIDED MIDDLE BACK PAIN. THE PATIENT DESCRIBES HER PAIN AS CONSTANT. THE PAIN IS DULL ACHING AND CRAMPING AND PAIN IS MADE WORSE WITH MOVEMENT AND INCREASED ACTIVITY. PATIENT SAYS AT ITS WORSE PAIN IS 10/10 AND THE LEAST 05/10, ON AVERAGE 07/10; HAS BEEN TREATED IN THE PAST WITH PAIN MEDICATION AND NSAIDS BUT DUE TO ULCERS PATIENT IS UNABLE TO CONTINUE NSAID TREATMENT; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73200 Computed tomography, upper extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|--|---|----------------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | <p>ICD: Left shoulder pain (M25.512);ICD: Other spondylosis with radiculopathy, lumbar region (M47.26);ICD: Left hip pain (M25.552);ICD: Other spondylosis with myelopathy, lumbar region (M47.16);ICD: Other long term (current) drug therapy (Z79.899); This study is being ordered for trauma or injury.; -Pt complains of pain to left shoulder and left hip, also lumbar back that radiates to entire left side of body.; Pt states she is interested in injections, but has had ESI in past that only last a week.; -Pt has dislocated left shoulder in the past and ; There has not been any treatment or conservative therapy.; -Pt complains of pain to left shoulder and left hip, also lumbar back that radiates to entire left side of body.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | <p>Barbara Brown is a 52 year old African American female who complains primarily of knee pain. The pain began;following an injury/accident that occurred 2018. It radiates to the left hip. She states the pain is aching;;cramping, sharp and pressure. On a n; This study is being ordered for trauma or injury; The pain began;following an injury/accident that occurred 2018. It radiates to the left hip. She states the pain is aching;;cramping, sharp and pressure.; There has been treatment or conservative therapy.; Barbara Brown is a 52 year old African American female who complains primarily of knee pain. The pain began;following an injury/accident that occurred 2018. It radiates to the left hip. She states the pain is aching;;cramping, sharp and pressure. On a n; Prior Tests Performed: x-rays Pain;Medicines: otc medicines (tylenol, acetaminophen), ultram/tramadol and gabapentin (neurontin). Prior;Treatments: epidural steroid injection. MRI Lumbosacral spine is being requested to further evaluate the patient's pe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Surgical History;Torn Meniscus Surgery - Knee;Broken Leg;hernia;The patient states that the pain has not changed significantly since his last visit but it is manageable with;current medications.; This study is being ordered for trauma or injury.; 6/11/2019; There has been treatment or conservative therapy.; Deon Hayes is a 38 year old Black or African American male who complains primarily of lower back pain. 2010.;It radiates to the left shoulder, left arm, right hip, left hip, back of the right leg, side of the right leg, front of the;left leg and back of; Prior Tests Performed: x-rays, ct;scan, lumbar puncture, mri, ultrasound, emg and nerve conduction study Pain Medicines: hydrocodone;(vicodin, lortab, norco), oxycodone (percocet, oxycontin), cyclobenzaprine (flexeril), diazepam (valium) and;amitriptyl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ICD: Left shoulder pain (M25.512);ICD: Other spondylosis with radiculopathy, lumbar region (M47.26);ICD: Left hip pain (M25.552);ICD: Other spondylosis with myelopathy, lumbar region (M47.16);ICD: Other long term (current) drug therapy (Z79.899); This study is being ordered for trauma or injury.; -Pt complains of pain to left shoulder and left hip, also lumbar back that radiates to entire left side of body.;-Pt states she is interested in injections, but has had ESI in past that only last a week.;-Pt has dislocated left shoulder in the past and ; There has not been any treatment or conservative therapy.; -Pt complains of pain to left shoulder and left hip, also lumbar back that radiates to entire left side of body.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-----------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Surgical History;Torn Meniscus Surgery - Knee;Broken Leg;hernia;The patient states that the pain has not changed significantly since his last visit but it is manageable with;current medications.; This study is being ordered for trauma or injury.; 6/11/2019; There has been treatment or conservative therapy.; Deon Hayes is a 38 year old Black or African American male who complains primarily of lower back pain. 2010.;It radiates to the left shoulder, left arm, right hip, left hip, back of the right leg, side of the right leg, front of the;left leg and back of; Prior Tests Performed: x-rays, ct;scan, lumbar puncture, mri, ultrasound, emg and nerve conduction study Pain Medicines: hydrocodone;(vicodin, lortab, norco), oxycodone (percocet, oxycontin), cyclobenzaprine (flexeril), diazepam (valium) and;amitriptyl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Anesthesiology | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic; The member has failed a 4 week course of conservative management in the past 3 months. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Yes, this is a request for CT Angiography of the Neck. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | | ; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | chest pain, SOB; This study is being ordered for Vascular Disease.; 5/20/2019; There has been treatment or conservative therapy.; chest pain, SOB; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Evaluation of enlargement of the ascending aorta noted on PET scan. ; Previously, was 4.3 cm and now 4.5 cm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | On last CTA 11/09/2020 shows AAA measuring 3.85cm, which it measured 3.97 previously. Fatty liver was noted. Dr. Elkins is ordering an annual AAA surveillance.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient has an ascending aortic aneurysm measuring at last examination of 4.6cm and it has grown from the previous year; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient was newly diagnosed with a AAA on 07/26/2021 per CT chest. Cardiologist is wanting a follow up for 3 months.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | repair type A desertion; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; It is not known whether there is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | chest pain, sob; This study is being ordered for Vascular Disease.; 5/20/2019; There has been treatment or conservative therapy.; chest pain, sob; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdomen. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiac Surgery | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiac Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered as a post operative evaluation. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up). | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | | This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac device (artificial valve, pacemaker, ASD closure device etc); The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | | This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiac Surgery | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Carotid stenosis screening; This study is being ordered for Vascular Disease.; Carotid stenosis screening; There has been treatment or conservative therapy.; Carotid stenosis screening; Carotid stenosis screening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | carotid stenosis; This study is being ordered for a neurological disorder.; carotid stenosis; There has not been any treatment or conservative therapy.; carotid stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Carotid stenosis screening; This study is being ordered for Vascular Disease.; Carotid stenosis screening; There has been treatment or conservative therapy.; Carotid stenosis screening; Carotid stenosis screening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | carotid stenosis; This study is being ordered for a neurological disorder.; carotid stenosis; There has not been any treatment or conservative therapy.; carotid stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; This study is being requested for a congenital abnormality; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | CT chest 12/2020 showed dilated aortic root at the sinus of valsalva is 4.7 cm. We will need to repeat this CT since it was not done.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | This is a f/u on 9mm lung nodule found on xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71250 Computed tomography, thorax; without contrast material | This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | unknown; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | . Thoracic aortic aneurysm: The patient had a large thoracic aortic aneurysm one year ago by CTA neck soft tissue that was about 5.6 cm. this has gone unmonitored since that time; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | check out chest; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; It is not known whether there are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | ECHO RESULTS RECOMMENDED CTA DUE TO AORTIC ROOT DILATED AT THE CORONARY SINUS 4.1 CM; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Follow up on thoracic aortic aneurysm. ;Severely dilated ascending aorta per most recent ECHO on 7/13/2021.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | He's now FC IV, unable to walk across the room without chest pain, with disabling shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aortic valve stenosis - TAVR workup; There has been treatment or conservative therapy.; severe aortic valve stenosis;SOB, fatigue, dizziness, numbness, blurred vision; 7/8/21 L&R heart cath;7/9/21 stent & impella; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Last CT showed 7.2 x 7.4 cm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | need to eval dissection of aorta; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; dissection of aorta; There has not been any treatment or conservative therapy.; dissection of aorta - all the way to the iliac.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | repair thoraci aortic aneurysm; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | TAVR; This study is being ordered for Vascular Disease.; 1/14/2020; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | TAVR; This study is being ordered for Vascular Disease.; 05/07/2019; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 26 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Thoracic aortic aneurysm (TAA) suspected; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Bicuspid aortic valve with aortic root dilation, aortic insufficiency and aortic stenosis.;To follow up and to evaluate if surgery is needed.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Congenital heart disease, known or suspected. Evaluate Mustard baffles, tricuspid valve, left and right ventricular volumes and function.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Congenital heart disease, tetralogy of fallot. Underwent tetralogy of fallot repair at 4 months of age.; This is a request for an MR Angiogram of the chest or thorax | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Evaluation for evidence of collateral or other complications for known or suspected coarctation.; This is a request for an MR Angiogram of the chest or thorax | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | First study, initial screening for aneurism. Results could alter management. Based on results, he will receive approval or disapproval for sports. Currently has an offer to play college baseball, will determine exercise restrictions. Can change medication; This is a request for an MR Angiogram of the chest or thorax | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Further evaluation of circulation in a patient with changes s/p recent peripheral angiogram w stenting; This study is being ordered for Vascular Disease.; 9/19/2021; There has been treatment or conservative therapy.; Patient with swelling to right foot, ankle. Pain, sensation changes to R foot, reddening of foot.; Severe right SFA stenosis with peripheral intervention of the right SFA using balloon angioplasty and stent placement x2;on 7/7/2021.;Patient on Plavix and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | INTERMITTENT CLAUDICATION; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; LEG PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the lower extremity. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; It is unknown if a biopsy has been completed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a post op. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | He's now FC IV, unable to walk across the room without chest pain, with disabling shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aortic valve stenosis - TAVR workup; There has been treatment or conservative therapy.; severe aortic valve stenosis;SOB, fatigue, dizziness, numbness, blurred vision; 7/8/21 L&R heart cath;7/9/21 stent & impella; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | need to eval dissection of aorta; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; dissection of aorta; There has not been any treatment or conservative therapy.; dissection of aorta - all the way to the iliac.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | TAVR; This study is being ordered for Vascular Disease.; 1/14/2020; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | TAVR; This study is being ordered for Vascular Disease.; 05/07/2019; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdomen. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Bicuspid aortic valve with aortic root dilation, aortic insufficiency and aortic stenosis.;To follow up and to evaluate if surgery is needed.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Congenital heart disease, known or suspected. Evaluate Mustard baffles, tricuspid valve, left and right ventricular volumes and function.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Congenital malformation, great arteries; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | This is a request for a heart or cardiac MRI | 8 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | He's now FC IV, unable to walk across the room without chest pain, with disabling shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., Aortic valve stenosis - TAVR workup; There has been treatment or conservative therapy.; severe aortic valve stenosis;SOB, fatigue, dizziness, numbness, blurred vision; 7/8/21 L&R heart cath;7/9/21 stent & impella; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for a Heart CT. | 5 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed) | This is a request for Heart CT Congenital Studies. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | ; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | ; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | 1. Nonsustained ventricular tachycardia lasting 15 beats. In view of the long episode of nonsustained VT we will have to confirm that the patient definitely does not have any coronary artery disease. We will plan to set her up for a cardiac cath or a C; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | ANOMOLOUS RCA; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Caucasian female who presents for a problem visit reporting chest discomfort and fatigue. She is established with Dr Igbokidi in our clinic. Pertinent history includes: HTN, CAD s/p CABG 2014 x 4 (IMA-LAD, SVG-OM, SVG-PDA, SV-distal RCA) per Howe, s/p PT; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | chf; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | EKG 05/10/2021; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | IMPRESSION/PLAN;1. Non-ST-segment elevation myocardial infarction. The patient had angiographically normal coronaries on cath, but the patient did have anomalous takeoff of the right coronary artery. We will get CT angio to make sure that artery does ; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | New onset chest discomfort; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Patient with complaint of chest pain and shortness of breath. Patient has had a negative cardiac work up that has included a Rest Echo Stress Test, Echo, and cardiac monitor. Patient is high risk due to obesity, hypertension, and diabetes. Patient had a c; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Post Cath evaluation for shortness of breath; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | see attached; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders. | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Further evaluation of circulation in a patient with changes s/p recent peripheral angiogram w stenting; This study is being ordered for Vascular Disease.; 9/19/2021; There has been treatment or conservative therapy.; Patient with swelling to right foot, ankle. Pain, sensation changes to R foot, reddening of foot.; Severe right SFA stenosis with peripheral intervention of the right SFA using balloon angioplasty and stent placement x2;on 7/7/2021.;Patient on Plavix and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PERIPHERAL ARTERIAL OCCLUSIVE DISEASE; This study is being ordered for Vascular Disease.; 8-1-2019; There has been treatment or conservative therapy.; ARTERIAL OCCLUSIVE; SURVEILLANCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 47 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | patient needs preoperative clearance. history of CAD, hypertensive heart disease, diastolic dysfunction, mitral regurgitation, PVD, hyperlipidemia, hypertension, transient ischemic attack and abnormal EKG.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | This study is being ordered to identify a myocardial perfusion defect.; This patient has had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The SPECT scan was inconclusive.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient has a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 40 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | This study is NOT being ordered to identify a myocardial perfusion defect.; This study is being ordered to assess myocardial viability in a candidate for a revascularization procedure.; The patient has a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ER VISIT ON 5/2/21 FOR PALPS; There has been treatment or conservative therapy.; Palpitations;Shortness of breath;Chest pain, unspecified; Toprol XL 25 mg tablet, extended release;;PT WORE HEART MONITOR;;PT HAD BORDERLINE ECG 5/11/21; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; chest pain/right arm pain. She complains of pain in her right arm and occasionally on the right side of her chest, no relationship with rest or exertion, she wonders if it's related to her heart.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This study is being ordered for Vascular Disease.; last few months; There has not been any treatment or conservative therapy.; chest pain, SOB, DOE, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | 1. Chest discomfort in patient at low to intermediate risk of having coronary artery disease: Differential diagnoses includes angina, pericardial effusion/pericarditis, and chest wall contusion.;2. Tobacco abuse.;3. Possible pericardial effusion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | 1. Chest pain with moderate pretest probability for coronary artery disease.;2. Hypertension, borderline control.;3. Exertional dyspnea.;4. Left bundle-branch block.;5. Bradycardia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | 1. Exertional dyspnea with decreased exercise and work tolerances likely indicative of angina. ;2. Hypertension. ;3. Known coronary artery disease status post percutaneous revascularizations of a chronically and totally occluded right coronary artery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | 1. Typical Chest Pain with CCS Class III Angina;- recommend a lexiscan ;-patient has high probability of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | 56 y/o female here for cardiac eval. No records available.; For the past 1-2 years she c/o chest pain. Upper left chest pain. Sharp and dull. Lasts 15 minutes to 3 hours. Associated with SOB. Not worse with exertion. Family history of ASCVD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | CAD via cath 2019;Chest pain with exertion;hypertension;COPD;EKG shows sinus with inferior T wave inversions;smoked 1 ppd x 40yrs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | CAD with CABG in 2003;dyspnea with exertion;chest tightness;hypertension;hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | cardiac MRI results. Notified her that it showed no congenital defect, no major valvular problem, but presence of severe LV hypertrophy; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | CHEST PAIN AND DYSPNEA. CAN'T DO TREADMILL DUE TO WEIGHT, DYSPNEA AND ORTHOPEDIC ISSUES; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | CHEST PAIN WITH EXERTION; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | chest pain with stress, hx of cad with cabg.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | CHEST PAIN; SHORTNESS OF BREATH; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/7/2021; It is not known if there has been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | chest pain;dyspnea ;nicotine abuse now uses vaping;hypertension;mild LA dilatation;unable to reach 85% of maxHR on TMST done 9/14/21; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | chest pain;palpitations;smokes 1 ppd;bmi 24;strong family hx of CAD;brother with AAA;reduced exercise capacity;Potts disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | chronic systolic heart failure lvef 35%;left ventricular hypertrophy;;chest pain;;dyslipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Coronary artery disease with abnormal EKG and high risk findings on CT imaging of her coronary anatomy. A treadmill Myoview stress test has been ordered for further risk stratification; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | coronary artery disease with multiple coronary stents; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease., The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Dyspnea on exertion, could be multifactorial but may represent an anginal equivalent;From the cardiac standpoint, he is limited in his functional capacity. His dyspnea may represent an anginal equivalent in the setting of cardiovascular risk factors of ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Echo - Checking for Structural Valvular AbnormalitiesMyocardial PI- Induceable ischemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Shortness of breath and palpitations; Cardiac Stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | EF 35%;asymmetric hypertrophy, global dysfunction with moderate diffuse hypokinesis, mild diastolic dysfunction;bmi 35;EKG shows septal infarct with t wave abnormality consider inferior ischemia;smokes 1ppd x24yr;bmi 35; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | EKG showed sinus rhythm with T wave flattening in the precordial leads. Lightheadedness Chest discomfort Dyspnea, unspecified type HTN (hypertension), benign; She has dull pain in her chest and has to rest; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Encounter for examination required by Department of Transportation (DOT); Atherosclerosis of coronary artery, angina presence unspecified, unspecified vessel or lesion type, unspecified whether native or transplanted heart;; Cardiac arrest;; Atheroscler; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; chest pain; heart cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/19/2021; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, palpitations , Pt was unable to complete treadmill stress test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; shortness of breath murmur hypertension hyperlipidemia; medication for cad; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2021; There has not been any treatment or conservative therapy.; chest pain and dizziness on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/7/21; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Pt. was taken medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 1/18/21; There has been treatment or conservative therapy.; SHORTNESS OF BREATHDIZZYFATIGUE; BETA BLOCKER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 07/14/2021; There has been treatment or conservative therapy.; pain, shortness of breath; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | EVAL FOR INDUCIBLE ISCHEMIA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Exertional dyspnea with anginal like symptoms. long-term smoker. hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease., The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | HISTORY OF CABGX3; DIABETES; HYPERTENSION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; DULL LEFT SIDED CHEST PAIN; SHORTNESS OF BREATH; ABNORMAL EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | history of stroke, cardiomyopathy , shortness breathe, left arm pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease., The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | hx palpitations and Atrial Fibrillation;;substernal chest discomfort;;bmi 34;;hyperlipidemia;;family hx CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease., The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | known history of CAD s/p CABG 9/9/15 per Dr Havdala with LIMA to LAD, SVG to OM, and SVG to PDA, CHF, DM, and HLD. Patient presented in clinic with SOB on exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Mr. Islam is a 51 year old male with a PMH of DM, hyperlipidemia, and HTN who is here today for a cardiac evaluation. Patient reports having left sided chest pain that occurs upon exertion as well as shortness of breath and fatigue. Patient has dizziness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAST FEW WEEKS; There has not been any treatment or conservative therapy.; LEFT SIDED CHEST PAIN WITH EXERTION; SHORTNESS OF BREATH; FATIGUE; DIZZINESS; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | <p>Mr. Stowe is a 60 year old Caucasian male with a chronic past medical history of neuropathy, here today for follow up. Pt states that he has developed shortness of breath with no exertion, while he is usually standing, starting in December 2020. He also c; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; starting in December 2020; There has not been any treatment or conservative therapy.; shortness of breath with no exertion, while he is usually standing, starting in December 2020. He also continues to have dizzy spells with position changes that is unchanged. He continues to report his HR being in the 40s at times; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | <p>Ms Cotton is a 48 year old female with a past medical history of Hypertension and Diabetes. Here today for a cardiac evaluation. Patient presents to clinic today with complaints of having worsening shortness of breath for the past week with any minimal ex; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE WEEK; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; NEAR SYNCOPE; CHRONIC PALPITATIONS' LOWER EXT EDEMA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Ms. Begum is a 58 year old female with a h/o HTN, DM II, HLP, GERD, anxiety, family history of CAD, and vertigo. She has been referred here today for evaluation and treatment for chest pain. She has seen a cardiologist prior to this visit 4-5 years ago ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONGOING; There has not been any treatment or conservative therapy.; CHEST DISCOMFORT AND HEAVINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Ms. Collins is a 49 year old BW with a past medical history of hypertension, GERD and anemia. She has not been seen in the office since October 2019. Today she reports feeling well. She is here today for an evaluation prior to an EGD and colonoscopy. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PREOPERATIVE CLEARANCE FOR SURGERY; There has not been any treatment or conservative therapy.; NEEDS CARDIAC CLEARANCE FOR SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Ms. Gerlach is a pleasant 59 y/o female with PMHx significant for HTN, Carotid stenosis, hypothyroidism, GERD, hyperlipidemia, COPD, current smoker. She presented initially due to dizziness and low BP. She reports she was formerly followed by Dr. Alsafwah; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Ms. Payne is a 39-year-old female with past medical history of nonischemic cardiomyopathy, tricuspid valve endocarditis, drug abuse who presents to the clinic for establishment of care. ;She reports shortness of breath with less than ordinary physical ac; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH W/ CORONARY ARTERY DISEASE S/P PCI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | NEEDING PREOP CLEARANCE FOR TOTAL HIP REPLACEMENT; CAN NOT WALK DUE TO HIP PAIN; This study is being ordered for trauma or injury.; 6 MONTHS; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | New left bundle branch block with predictable exertional shortness of breath and multi risk factors of coronary disease. Due to his left leg problems, he can't walk on a treadmill so a Lexiscan Myoview stress test has been ordered for further risk strati; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | NO ADD'L INFO; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN THAT RADIATES TO SHOULDER, NOT ALWAYS PRECIPITATED BY ACTIVITY.; BLOOD PRESSURE MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | nondiagnostic for ischemia, unable to achieve target heart rate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Nuclear stress test for increased sensitivity to diagnose myocardial ischemia due to the patient being unable to exercise adequately due to back pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms. The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;; The study is requested for suspected coronary artery disease.;; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient complains of chest pain. Onset was 3 day ago, with waxing and waning course since that time. The patient admits to chest discomfort that is described as a tightness with radiation to the back, rated as a scale of 4/10 in intensity that is pressur; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;; The study is requested for suspected coronary artery disease.;; The member has known or suspected coronary artery disease.;; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient had a series of unfortunate events since his last visit. He came in with congestive heart failure, was transferred to SVI for further evaluation. He was evaluated by advanced heart failure services and his last echo on 3/21 EF 25-30% severely re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; who has been short of breath progressively starting since 2019; There has been treatment or conservative therapy.;; Shortness of breath, Chest pain & Hypertension, continue entresto, metoprolol succinate and aldactone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient has CAD, PVC's and palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient has CAD, shortness of breath, chest pain, is a diabetic, has PVC's, fatigue and hyperlipemia. He needs echo to assess LV function. He needs 24-hour Holter to assess frequency of PVCs. Given intermittent cramping in his chest that is somewhat atyp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient has complaint of chest pain and shortness of breath on exertion. Patient cannot walk 50 yards without stopping. The pain is substernal, dull, achy, and pressure like. ECG shows normal sinus rhythm with a nonspecific T wave change.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient having severe episodes of chest discomfort. Patient is not able to do the treadmill due to difficulties walking up stairs due to bilateral knee replacements per patient. No stress echos done within 60 mile radius.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient having VT on monitor, complaining of chest pain. Has history of hypertension, flutter, hyperlipidemia, and obesity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient hx of CABG in 8/2020 c/o cp, doe, symptomatic palpitations; diabetic, smoker, dyslipidemia, abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | patient is a 55 year old woman with INSULIN dependent diabetes, hypertension, high cholesterol, chest pain at rest and had stroke in 2020.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | PATIENT WITH CP AND REDUCED EF; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient with exertional shortness of breast and chest pain. Patient can not walk the one flight of stairs to her apartment without stopping. Patients BMI is 39. Patients blood pressure was142/90 at appointment. Patient has a strong family history of heart; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | patient with hx of LAD stent and dilated cardiomyopathy; episode of chest pain in which a nitro resolved; unable to reach target HR in April on bike stress echo; current smoker, htn, dyslipidemia, exertional sob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Previous MI 2016;CAD with PCI to LAD 2016;Asthma;Hypertension;Hyperlipidemia;substernal chest pain;long term use anticoagulation;smokes 1ppd for 35yr history;abnormal ekg bifasicular block and septal infarct; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | previous NSTEMI ;CAD with chest pain;Type 2 Diabetes mellitus;ischemic cardiomyopathy;hypertension;cardiomegaly; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Pt has in stage liver disease, peri esophageal, and peri rectal varices. abnormal EKG showed inverted T waves. Pt is having chest pain. Pt has alcoholic cirrhosis. Pt has anemia & hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Pt is unable to walk on a treadmill because of chronic back pain.,Pt has atypical chest pain with significant risk factors of coronary artery disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | pt recently had a 2 stent put in on May 20,2021. Pt had a cath done on May 20,2021. Pt is having several chest pain and needs to be seen immediately.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | pt with new onset worsening angina symptoms, history of hypertension and hyperlipidemia, Fatigue and palpitations on maximum medication therapy.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | r/o cardiovascular disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2021; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild to moderate exertion, cannot climb a flight of stairs for more than half a block without dyspnea. Rule out u; This study is being ordered for Congenital Anomaly.; 05/07/2021; There has been treatment or conservative therapy.; chest pain, palpitations, dyspnea on exertion; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild to moderate exertion, not a candidate for treadmill. Rule out underlying ischemia. Two-dimensional echocardi; This study is being ordered for Vascular Disease.; 03/16/2021; There has been treatment or conservative therapy.; dyspnea, chest pressure, edema of lower extremities; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | She does have chest tightness / sob/ orthopnea/ ;Symptoms she had prior to her stent was pain behind her ears and chest tightness.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | sick sinus syndrome;NSVT on device check;hyperlipidemia;hypertension;BMI 39;asthma;pacemaker implant; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | SOB with exertion; ischemic eval on 8/14/2017. Abnormal and led to cath with stent. Had a CTA in Florida in 2018; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | STONG FAMILY HX OF CAD, FORMER SMOKER, ELEVATED CALCIUM SCORE AND PT IS SYMPTOMATIC AND CAN NOT WALK ON TREADMILL.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | SYMPTOMATIC PT WITH HX OF MI, NEEDING EVAL.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40% | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40% | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; it is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40% | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Don't know or Other than listed above best describes the reason for ordering this study | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 5 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is being started on or is already on Amiodarone (Pacerone, Cordarone, Nesterone); The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 3 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via BBI.; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 31 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is Cardiology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD; The patient has an incomplete revascularization in the past 2 years and lesion is a direct coronary risk OR attempted revascularization was less than optimally successful at reducing risk of coronary event; Agree; The ordering MDs specialty is Cardiology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology | 33 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology | 80 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a history of Coronary Artery Bypass Surgery (CABG); When the last Myocardial Perfusion Imaging procedure was performed is unknown | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Circumflex | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Other than listed above best describes the patients clinical presentation. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Orthopedic Surgery (non laparoscopic) is being performed; This case was created via RadMD.; Agree | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been 1 year or more since the last cardiac testing was completed; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 46 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 7 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested to evaluate a suspected cardiac mass. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed More than 6 months ago; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed More than 1 year ago | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed More than 1 year ago | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year | 7 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/21; There has not been any treatment or conservative therapy.; Chest pain, unspecified;Syncope and collapse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; Dizziness, shortness of breath, abnormal EKG in 2020; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This study is being ordered for Vascular Disease.; 6/23/21; There has been treatment or conservative therapy.; chest pain, shortness of breathe, hypertension, obesity, presence of CAD; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Type 2 Diabetes;Midsternal Chest pressure radiating diffusely and occurs with exertion;fatigue;hypertension;PVC with bigeminy noted;LVH as well as left anterior hemiblock on EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Worsening dyspnea with activity. Resolves with rest. Also intermittent chest discomfort, states similar to indigestion. History of CAD with STEMI and cardiac arrest 2 years ago.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; EKG WITH SINUS TACHYCARDIA | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; Patient with CHF and cardiomyopathy on max medical management with echo EF of 25-30% but a technically difficult study. Needs evaluation for ICD placement | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; Coronary artery disease involving native coronary artery of native heart without angina pectoris - I25.10 (Primary), S/P CABG in 2000 with LIMA to LAD which has been occluded but had apical scar with dyskinesia already. SVGs to D1,D2 and PDA was ok in 201 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; It is unknown if the patient is experiencing new or changing symptoms related heart valves. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ER VISIT ON 5/2/21 FOR PALPS; There has been treatment or conservative therapy.; Palpitations;Shortness of breath;Chest pain, unspecified; Toprol XL 25 mg tablet, extended release.;PT WORE HEART MONITOR.;PT HAD BORDERLINE ECG 5/11/21; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Cardiomyopathy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Cardiomyopathy. Recent ekg abnormal. Showing biventricular hypertrophy, prominent Q-waves, and abnormal T-waves.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | chest pain; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/7/2021; It is not known if there has been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Chest pain/SOB- echocardiogram ordered to evaluate structure and function of heart. TM MPS ordered to evaluate for ischemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/14/2021; There has not been any treatment or conservative therapy.; Chest Pain w/ chest heaviness, worse w/ activity and stress. Fatigued all the time, Shortness of breath that intermittently becomes worse to the point of feeling dizzy and like he may pass out.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Chest pain/SOB- echocardiogram ordered to evaluate structure and function of heart. MPS ordered to evaluate for possible ischemia. She would not likely be able to perform tm stress test due to chronic low back pain; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Dyspnea on exertion, moderate severity.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Echo - Checking for Structural Valvular AbnormalitiesMyocardial PI- Induceable ischemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Shortness of breath and palpitations; Cardiac Stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; chest pain; heart cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/6/21; There has not been any treatment or conservative therapy.; CHEST PAIN, HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; shortness of breath murmur hypertension hyperlipidemia; medication for cad; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 1/18/21; There has been treatment or conservative therapy.; SHORTNESS OF BREATHDIZZYFATIGUE; BETA BLOCKER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 8/2/2021; There has been treatment or conservative therapy.; COPD edema numbness in hand and legssweating dyspnea; aortic stentaortic surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Follow up for 11/2019 exam; family history of heart disease; cardimyopathy; mildly dilated left atrium; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Follow up: Status post complete repair January 25, 2013, with arterial switch operation.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Follow-up, tetralogy of fallot with pulmonary atresia and multiple aortopulmonary collateral arteries; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Heart Transplant patient with orthotopic heart transplant; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Mr. Islam is a 51 year old male with a PMH of DM, hyperlipidemia, and HTN who is here today for a cardiac evaluation. Patient reports having left sided chest pain that occurs upon exertion as well as shortness of breath and fatigue. Patient has dizziness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAST FEW WEEKS; There has not been any treatment or conservative therapy.; LEFT SIDED CHEST PAIN WITH EXERTION; SHORTNESS OF BREATH; FATIGUE; DIZZINESS; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | <p>Mr. Miller presents today with elevated blood pressure up to 160/84 mmHg. EKG shows normal sinus rhythm with LVH. He will be undergoing right hip replacement in Little Rock. He is here for preoperative cardiovascular examination. His mobility is limit, This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; PREOPERATIVE CLEARANCE FOR HIP SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | <p>Mr. Stowe is a 60 year old Caucasian male with a chronic past medical history of neuropathy, here today for follow up. Pt states that he has developed shortness of breath with no exertion, while he is usually standing, starting in December 2020. He also c; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; starting in December 2020; There has not been any treatment or conservative therapy.; shortness of breath with no exertion, while he is usually standing, starting in December 2020. He also continues to have dizzy spells with position changes that is unchanged. He continues to report his HR being in the 40s at times; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Ms. Anderson is a 75 year old female presenting to the clinic today with c/o shortness of breath. She was sent to office today by pcp, Dr. Andy Davidson. She was seen in their office a couple of days ago and again today with c/o SOB. She had a CTA of c; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/16/2021; There has not been any treatment or conservative therapy.; PT is experiencing extreme SOB started a few months ago but has gotten a lot worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Ms. Begum is a 58 year old female with a h/o HTN, DM II, HLP, GERD, anxiety, family history of CAD, and vertigo. She has been referred here today for evaluation and treatment for chest pain. She has seen a cardiologist prior to this visit 4-5 years ago ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONGOING; There has not been any treatment or conservative therapy.; CHEST DISCOMFORT AND HEAVINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Ms. Taylor is a 44 year old WW with a past medical history of anxiety, asthma, GERD, depression, fibromyalgia, spinal stenosis, DDD, and obesity , who was referred for a cardiac evaluation for a recent episode of syncope. Last weekend, she was in a sitti; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH W/ CORONARY ARTERY DISEASE S/P PCI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | NO ADD'L INFO; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN THAT RADIATES TO SHOULDER, NOT ALWAYS PRECIPITATED BY ACTIVITY.; BLOOD PRESSURE MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/21; There has not been any treatment or conservative therapy.; Chest pain, Dizziness, SOB, Lightheadedness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Patient has been c/o chest pain at rest and minimal exertion, 4/10 in intensity, gets better at rest, radiation to left shoulder. Plan: schedule for cardiac cath.; This study is being ordered for Vascular Disease.; PRIOR TO 7/12/21, HAS ECHO'S THAT WERE REQUESTED BY DIFF FACILITY THAT WERE DENIED LAST MONTH...; There has been treatment or conservative therapy.; Patient has been c/o chest pain, shortness of breath; STARTED ASA, ZETIA MEDS, PLAN IS TO DO HEART CATH.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | <p>Patient presents to clinic today with complaints of heart flutters that occur with anxiety attacks and last approximately 10-15 seconds. Patient states he occasionally has anxiety and panic attacks and has been having them for about 3 years. Patient state; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS; There has not been any treatment or conservative therapy.; Patient presents to clinic today with complaints of heart flutters that occur with anxiety attacks and last approximately 10-15 seconds. Patient states he occasionally has anxiety and panic attacks and has been having them for about 3 years. Patient state; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | <p>Patient was born with hypoplastic left heart syndrome and has undergone repair to fontan in 2010 and is known to have a moderate degree of right ventricular dysfunction; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | <p>Patient with Cor Triatriatum requesting follow up one year after last echo.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Patient with Down Syndrome, and a history of a complete atrioventricular canal, for which he underwent repair in 2008.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | pT HAS BLISTERING EDEMA; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | r/o cardiovascular disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2021; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild to moderate exertion, cannot climb a flight of stairs for more than half a block without dyspnea.. Rule out u; This study is being ordered for Congenital Anomaly.; 05/07/2021; There has been treatment or conservative therapy.; chest pain, palpitations, dyspnea on exertion; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild to moderate exertion, not a candidate for treadmill. Rule out underlying ischemia. Two-dimensional echocardi; This study is being ordered for Vascular Disease.; 03/16/2021; There has been treatment or conservative therapy.; dyspnea, chest pressure, edema of lower extremities; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | S/p arterial switch with lecompte maneuver, primary ASD closure, coronary artery transfer utilizing a trapdoor flap technique with documentation of a Yacoub Type D coronary artery anatomy, PA band and BT shunt takedown with PDA ligation. There remains mil; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | See symptoms; This study is being ordered for Congenital Anomaly.; Since birth; There has been treatment or conservative therapy.; Murmur- Harsh Midsystolic murmur grade 2/6 at the upper left sternal border. Intensity increases with respiration. Complete heart block and is completely dependent on pacemaker. Right ventricular hypertension. Previous cardiac catheterization- long segmen; Pacemaker; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | shortness of breathe; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | strong family hx of heart problems, recurrent chest pains, radiation to left arm, weakness, dizziness; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation. | 30 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 42 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up). | 5 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 14 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension. | 18 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 13 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if the patient is asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed confirm chest pain was of cardiac origin | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 31 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 23 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 19 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation. | 61 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart. | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 72 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up). | 22 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 48 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension. | 47 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 10 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed confirm chest pain was of cardiac origin | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 44 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 34 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Myocardial Perfusion Imaging has been completed | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; It is unknown if there has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 7-12 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member has NOT tested positive for Coronavirus (Covid 19) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 16-34 years old.; The member has NOT tested positive for Coronavirus (Covid 19) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 28 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Post operative exam for cardiac intervention best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 9 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 19 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 43 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Marfan's syndrome.; This is NOT for the initial evaluation of Marfan's Syndrome.; This is for annual evaluation of Marfan's Syndrome. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 41 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater. | 13 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve. | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram. | 9 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 41 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 38 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed. | 10 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 47 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 168 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 62 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack). | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 107 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 284 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.; The atrial fibrillation and/or atrial flutter is pre-existing. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; Don't know or Other than listed above best describes the reason for ordering this study. | 10 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms 6 months or less ago. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 months or less ago | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; Pre-existing murmur best describes the reason for ordering this study.; There is known valvular heart disease.; The patient's valvular heart disease is mild. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.; The atrial fibrillation and/or atrial flutter is new onset. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study; There is known valvular heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study; There is no known valvular heart disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed More than 6 months ago | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This study is being ordered for a neurological disorder.; 6/13; There has not been any treatment or conservative therapy.; CVA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/21; There has not been any treatment or conservative therapy.; Chest pain, unspecified;Syncope and collapse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | W/ HIS RISK FACTORS AND SYMPTOMS, PERSISTENCE AND PROGRESSION, AND NO ALLEVIATION IN ACTIVITY RELATED CHEST DISCOMFORT, STRESS ECHO TEST IS GOING TO BE THE BEST WAY TO EVALUATE HIS CARDIAC FUNCTION W/ THE PERICARDIAL EFFUSION, LOOK AT LV FUNCTION AND MAKE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEPTEMBER 2021; There has not been any treatment or conservative therapy.; started having complaints of left anterior chest discomfort. This is worse when he takes a deeper breath in, gets more severe. Sometimes it occurs with activity as well.This actually became uncomfortable enough and persistent now for that last couple of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | ; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | 1. Chest pain and shortness of breath. Echocardiogram done showed elevated velocities across the aortic and pulmonic valves. This could be related to the patient's anemia, but could also be related to valvular pathology. Could not rule out a bicuspid; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | assessed for LV function and valvular status; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Attempting to determine pt has a clot in the heart.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Dr. Nair recommended a 6 week post watchman TEE to ensure the device has not migrated.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram., This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Evaluate MR and aortic valve.;Pertinent history includes: CHF, CVD, Open heart surgery, HTN, HLD, OA, RLS, Angina.; This study is being ordered for Vascular Disease.; 4/2021; There has been treatment or conservative therapy.; SOB; INHALER, Had recent work up in heart hospital and was told about some leaking valves but did not follow up or give any info; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Patient has moderate Aortic stenosis per echo 8/12. per physician more in depth assessment.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | patient recently had stroke-unsure of reason-had an echo today with bubble study but can't see well enough to determine PFO or not. Needs a TEE with bubble for ASD/PFO evaluation; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older. | 7 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older. | 59 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older. | 8 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older. | 9 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | this is post watchman tee to ensure device has not migrated;/ This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, prep of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | ; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The is patient being started on or is already on another medication not listed above | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations | 12 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Cannot agree/affirm; The ordering MDs specialty is Cardiology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology | 22 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Cannot agree/affirm; The ordering MDs specialty is Cardiology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; It is unknown if the member has a history of cardiac disease; A surgery Other than listed above is being performed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation., This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 158 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; It is not known if the member has known or suspected coronary artery disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the brain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the Neck. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Mr. Pointer is a 21 year old BM with a past medical history of ADHD, depression, and gastroenteritis. He is here today for a 3 month follow up. He reports ongoing chest pain x 3 days each week, mostly in stressful situations (taking test, driving). The; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient recently diagnosed with TB. Started treatment. She has no TB risk factors interestingly. Recent xray shows increase in left pleural effusion. need CT to eval pleural effusion.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | PT IS S/P AVR, TAA REPAIR, S/P ABDOMINAL HERNIA REPAIR, TAA MEASURED 6.0CM IN 2018 THEN SURGICAL INTERVENTION WAS PREFORMED IN 2018. NEEDS RECHECK; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Since the last visit she describes occasional atypical mid-sternal chest pain which she describes as a "pulling" sensation, brought on spontaneously without alleviating/aggravating factors, and tenderness over chest wall during these episodes.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Radiology Services Denied Not Medically Necessary | Congenital malformation, great arteries; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 73200 Computed tomography, upper extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; worsening left shoulder and right hip pain; NSAID therapy for greater than 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; worsening left shoulder and right hip pain; NSAID therapy for greater than 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | This is a request for CT Angiography of the Abdomen and Pelvis. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | PERIPHERAL ARTERIAL OCCLUSIVE DISEASE; This study is being ordered for Vascular Disease.; 8-1-2019; There has been treatment or conservative therapy.; ARTERIAL OCCLUSIVE; SURVEILLANCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Radiology Services Denied Not Medically Necessary | Bicuspid aortic valve with aortic root dilation, aortic insufficiency and aortic stenosis.;To follow up and to evaluate if surgery is needed.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Radiology Services Denied Not Medically Necessary | This is a request for a heart or cardiac MRI | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | ; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | Atypical chest pain arrange for coronary calcium score; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | Caller request to bypass clinicals; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | eval and treatment; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | evaluation to see if a heart valve needs to be replaced; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | HTN, family hx CAD, OSA, abnormal EKG; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | Patient has CAD; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | Pt has an occasional irregular heart beat. Pt is being evaluation of PVCs noted during colonoscopy. Pt thinks that she can walk 15 minutes, but she is more limited by orthopedic issues and shortness of breath or chest pain. Pt is also being evaluation for; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for a Heart CT. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | ; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | ; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | chest pain; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | Dyspnea on exertion with a strong family history of ischemic heart disease; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | family hx, pre mature menopause, dislipidimia with high triglycerides, exertional chest pain worsening with mild ordinary activity, exertional dyspnea; This is a request for CTA Coronary Arteries.; A study not listed has been completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | Normal exercise stress test in 2020, patient continues to have palpitations, dyspnea and chest tightness; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | The patient has no prior cardiac history. He reported slowly progressive dyspnea on exertion. The patient also reported episodes of chest discomfort, off and on, nonradiating, may or may not be exertional, with no obvious aggravating or relieving factor; This is a request for CTA Coronary Arteries.;The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | INTERMITTENT CLAUDICATION; This study is being ordered for Vascular Disease., UNKNOWN; There has been treatment or conservative therapy.; LEG PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdominal arteries. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Radiology Services Denied Not Medically Necessary | ; This study is NOT being ordered to identify a myocardial perfusion defect.; This study is NOT being ordered to assess myocardial viability in a candidate for a revascularization procedure.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Radiology Services Denied Not Medically Necessary | patient has angina pectoris, coronary artery disease, hypertension, diabetes, shortness of breath, hypertensive heart disease, hyperlipidemia and obesity.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Radiology Services Denied Not Medically Necessary | patient has chronic dyspnea on exertion, has palpitations, and over the last 3 to 4 months she has noticed episodes of fluttering in her chest that lasts for 3 to 4 minutes by her estimation. She also notices isolated premature beats; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Radiology Services Denied Not Medically Necessary | patient has palpitations, chronic fatigue and angina pectoris needs pet/ct to determine cause; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | -stable medical history of hypertension, hypertensive heart disease with chronic diastolic congestive heart failure, mild mitral regurgitation, mitral regurgitation;- patient is complaining of chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | 1. Decreased exercise tolerance and recurrent lightheadedness, likely indicative of angina in the patient at intermediate risk of having coronary artery disease.;2. Hypertension.;3. Dyslipidemia.;4. Valvular heart disease: History of aortic insufficien; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | 1. Orthostatic hypotension;2. Bilateral leg pain;3. Hyperlipidemia;4. Tardive dyskinesia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | a new patient here today for cardiac evaluation due to abnormal RKG. She complains of frequent cough intermittent chest pain, swelling under right arm to right breast. She also had a CXR that should 2 nodules and fluid in right lung. Has chest pain and ca; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ABN EKG, PT HAS CHEST PAIN, HYPERTENSION AND ATRIAL FLUTTER. ALSO ORDERING AN ECHO; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Abnormal ekg cannot rule out anterior infarct;;frequent PAC's 8,070 on monitor;;SVT occurred 1 time with fastest run 130bpm; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | anginal symptoms with exertion such as cleaning the house and improves with rest. She missed two appointments for exercise stress echoes in part due to difficulty with transportation. She is willing to do testing here in Newport if available. She con; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Assessments ;1. Primary hypertension - I10 (Primary) ;;2. Angina, class II - I20.9; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Atrial fibrillation;palpitations;type 2 diabetes mellitus;EKG shows nonspecific ST and T wave abnormality;hypothyroidism;Brother/Mother previous MI;BMI 36; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | BMI is 37.42, patient has strong family history of CAD. Presenting with dyspnea on exertion, chest pain and syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain and dyspnea on exertion;palpitations;hypertension;sinus tachycardia on ekg;dyslipidemia;family history cad;nicotine abuse 6cig day/24yr;bmi 28; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain center of chest;dyspnea with exertion;smoker;family hx CAD ;brother MI @ age 40;hyperlipidemia;BMI 25; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain heaviness in chest associated with dyspnea double vision nausea relieved with nitro;grandfather previous MI;;hypertension;;smokes 3ppd and vaping;;BMI 36;;EKG shows mod voltage criteria for LVH; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | CHEST PAIN, DYSPNEA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Chest pain, sound cardiac in nature, had ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain, unspecified type, hypertensive urgency; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2020; There has not been any treatment or conservative therapy.; chest tightness, hypertension, substernal chest pain x 10 months, SOB, dizziness, lightheadedness, family history of heart disease, transient edema,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Chest Pain;Assessments ; ;;1. Angina pectoris - I20.9 (Primary) ;;2. Diastolic dysfunction - I51.9 ;;3. Edema - R60.9 ;;4. Hypertension - I10 ;;5. Obesity - E66.9; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain;dyspnea;bmi 37;ekg shows anterolateral t wave abnormality; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain;hypertension ;hyperlipidemia;bradycardia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain;palpitations;smokes 1ppd for 34yr;ekg shows sinus with lt ventricular hypertrophy; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Chest pain/SOB- echocardiogram ordered to evaluate structure and function of heart. TM MPS ordered to evaluate for ischemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/14/2021; There has not been any treatment or conservative therapy.; Chest Pain w/ chest heaviness, worse w/ activity and stress. Fatigued all the time, Shortness of breath that intermittently becomes worse to the point of feeling dizzy and like he may pass out.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | CHEST TIGHTNESS, ABNORMAL CORONARY CALCIFICATION ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | dyspnea on exertion. former smoker. bmi of 39. 1/6 systolic murmur to left lower sternal boarder. hx of breast cancer treated w/ chemo and radiation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01-11-2021; There has not been any treatment or conservative therapy.; R/O CARDIAC MURMUR AND CARDIAC SYMPTOMS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/01/2021; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/6/21; There has not been any treatment or conservative therapy.; CHEST PAIN, HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/22/2021; There has not been any treatment or conservative therapy.; member has shortness of breath and chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | EVALUATION FOR INDUCIBLE ISCHEMIA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | frequent dizziness going on for many months, near syncope, mild diastolic dysfunction, COPD, tobacco use, heart racing, significant exertional SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | history concerning for CAD.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2021; There has been treatment or conservative therapy.; significant dyspnea on exertion. Minimal exertion gives significant shortness of breath.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | HISTORY OF MYOCARDIAL INFARCTION; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | hyperlipidemia;PAC on EKG;hx of paroxysmal AFib;diabetes;Congestive Heart Failure EF 45%;Smoker;dyspnea;copd;hypertension;bmi 31; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | hypertension;chest pain;COPD;dyspnea on exertion;smoker 1ppd x20yr;BMI 33; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | intermittent chest pain for 9 months. associated shortness of breath. chest pain noted to be worse with palpation. current every day smoker. has had episode of chest pain with right arm pain. ankle edema. ekg shows SR, borderline RSR' pattern, no acute ST; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | known cad, symptomatic needing eval, unable to walk on treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Mr Friend is 61 yo wmn, she was referred CV eval, partial loss of vision left eye, according to her she had occluded ocular artery, recommended to see a cardiologist, ; smoker, DM 2, HTN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Mr. Miller presents today with elevated blood pressure up to 160/84 mmHg. EKG shows normal sinus rhythm with LVH. He will be undergoing right hip replacement in Little Rock. He is here for preoperative cardiovascular examination. His mobility is limit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN, There has not been any treatment or conservative therapy.; PREOPERATIVE CLEARANCE FOR HIP SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Mr. Rana is a 60 year old Indian man with a past medical history of DM Type II and hypertension. He has been re-referred by his primary care physician, Dr. Chambers, for a cardiac evaluation due to hypertension. He was last seen in clinic on February 20; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS AGO; There has not been any treatment or conservative therapy.; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Mr. Robinson is a 49 year old African American male with a chronic past medical history of CAD s/p stent 01/2020, hypertension, hyperlipidemia, tobacco use, and alcohol abuse, here today for follow up care. Patient was recently seen in JRM ER for GSW fol; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Ms. Anderson is a 75 year old female presenting to the clinic today with c/o shortness of breath. She was sent to office today by pcp, Dr. Andy Davidson. She was seen in their office a couple of days ago and again today with c/o sob. She had a CTA of c; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/16/2021; There has not been any treatment or conservative therapy.; PT is experiencing extreme SOB started a few months ago but has gotten a lot worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Ms. Ashley Mireles is a 39 year old female with a past medical history Hypertension and Migraines who is here today for cardiac evaluation. Patient reports having occasional sharp chest pain that lasts for a few seconds and is usually triggered by exertio; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAST FEW MONTHS; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; NEAR SYNCOPE; BLURRED VISION; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Ms. Davis is a 37 year old Black/African American female with a history of anxiety and anemia. Patient was recently in ER for Chest Pains and is here today for a follow up. Patient presents to clinic today with complaints of episodes of left sided chest p; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; LEFT ARM PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Ms. Walker is a 58 year old AAF with a h/o HTN and paroxysmal SVT, she is here today for follow up. She says that she has been having on and off chest tightness. She says this can occur at rest or with activity. She says that it has been more frequent her; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | NA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; chest pain, paltitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/21; There has not been any treatment or conservative therapy.; Chest pain, Dizziness, SOB, Lightheadedness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Occlusion And Stenosis Of Bilateral Carotid Arteries, moderate;Atherosclerotic heart disease of native coronary artery without angina pectoris;Chest pain with exertion, shortness of breath with exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Patient is having really bad chest pains; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Patient presents to clinic today with complaints of heart flutters that occur with anxiety attacks and last approximately 10-15 seconds. Patient states he occasionally has anxiety and panic attacks and has been having them for about 3 years. Patient state; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS; There has not been any treatment or conservative therapy.; Patient presents to clinic today with complaints of heart flutters that occur with anxiety attacks and last approximately 10-15 seconds. Patient states he occasionally has anxiety and panic attacks and has been having them for about 3 years. Patient state; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | PATIENT WITH CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Pertinent history includes: Hx of atypical chest pain, HTN, GERD, Bipolar disorder, insomnia, smoked cigarettes age 16-17, Fhx of premature CAD (mother; he is unaware of paternal Hx). reports last episode of chest pain was about a week ago. Reports simila; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | PRECORDIAL PAIN WITH PALPITATIONS. TACHYCARDIAC. ACTIVE TOBACCO USE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Pt has chest pain radiating into neck, shortness of breath, nausea. Pt mother had stents & Pt father had bypass; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | pt was admitted for A-fib. Plan: Successfully cardioverted. We gave hydralazine pre op for uncontrolled hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Recent surgery. Not a good candidate for treadmill stress testing. Rule out underlying ischemia. Two-dimensional echocardiographic D; This study is being ordered for Vascular Disease.; 03/01/2021; There has been treatment or conservative therapy.; chest pain, dyspnea; Medication regimen of Carvedilol and Nifedipine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | recurrent symptoms consistent with CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | She reports worsening chest pain with palpitations with increased fatigue and weakness.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | shortness of breathe; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | SICK SINUS SYNDROME; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | SMOKER ,HIGH CHOLESTEROL, HTN, PREV MI, LEG PAIN, NEED TO EVAL FOR ISCHEMIA.; This study is being ordered for Vascular Disease.; NOT SPECIFIED/ SAW DR ON 8/25/2021; It is not known if there has been any treatment or conservative therapy.; SOB ON EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | squeezing left side chest pain;EKG shows Right Bundle Branch Block;;hypertension;hyperlipidemia;BMI 36; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40% | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block; The patient had a prior stent; It is unknown if the patient has documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40% | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40% | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. | 8 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.; Other than listed above best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This study is being ordered for a neurological disorder.; 6/13; There has not been any treatment or conservative therapy.; CVA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/25/21; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH, HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; Pt came to the office 08/10/21 stating she had been having chest pain and shortness of breath, Exact date of onset is unknown; There has been treatment or conservative therapy.; Chest Pain mid sternum and back radiating to her Left arm. She is experiencing shortness of breath. She has a history of CAD, HTN, HLD.; Pt has been on medical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | UNKNOWN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | UNKNOWN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; patient is having chest pain on exertion and leg pain an swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | vasospastic angina;hypertension;cigarette smoker 1ppd; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | VERTIGO, CLASS 111 ANGINA, EVAL FOR ISCHEMIA.; This study is being ordered for Vascular Disease.; ABOUT 1 MONTH; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN ON EXERTION WITH A FEW EPISODES OF SYNCOPE, GETTING EVENT MONITOR.. NO RESULTS YET; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; chest pain/right arm pain. She complains of pain in her right arm and occasionally on the right side of her chest, no relationship with rest or exertion, she wonders if it's related to her heart; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; last few months; There has not been any treatment or conservative therapy.; chest pain, sob, doe, palps fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | chest pain and SOB on exam; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | chest pain, unspecified type, hypertensive urgency; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2020; There has not been any treatment or conservative therapy.; chest tightness, hypertension, substernal chest pain x 10 months, SOB, dizziness, lightheadedness, family history of heart disease, transient edema.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01-11-2021; There has not been any treatment or conservative therapy.; R/O CARDIAC MURMUR AND CARDIAC SYMTOMS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/01/2021; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/19/2021; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, palpitations , Pt was unable to complete treadmill stress test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/22/2021; There has not been any treatment or conservative therapy.; member has shortness of breath and chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2021; There has not been any treatment or conservative therapy.; chest pain and dizziness on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/7/21; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Pt. was taken medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 07/14/2021; There has been treatment or conservative therapy.; pain, shortness of breath; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; June 2021; There has been treatment or conservative therapy.; shortness of breath, fatigue, palpation; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | history concerning for CAD.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2021; There has been treatment or conservative therapy.; significant dyspnea on exertion. Minimal exertion gives significant shortness of breath.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | HISTORY OF CABGX3; DIABETES; HYPERTENSION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; DULL LEFT SIDED CHEST PAIN; SHORTNESS OF BREATH; ABNORMAL EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Mr. Rana is a 60 year old Indian man with a past medical history of DM Type II and hypertension. He has been re-referred by his primary care physician, Dr. Chambers, for a cardiac evaluation due to hypertension. He was last seen in clinic on February 20; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS AGO; There has not been any treatment or conservative therapy.; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Ms Cotton is a 48 year old female with a past medical history of Hypertension and Diabetes. Here today for a cardiac evaluation. Patient presents to clinic today with complaints of having worsening shortness of breath for the past week with any minimal ex; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE WEEK; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; NEAR SYNCOPE; CHRONIC PALPITATIONS' LOWER EXT EDEMA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | <p>Ms. Ashley Mireles is a 39 year old female with a past medical history Hypertension and Migraines who is here today for cardiac evaluation. Patient reports having occasional sharp chest pain that lasts for a few seconds and is usually triggered by exertio; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAST FEW MONTHS; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; NEAR SYNCOPE; BLURRED VISION; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | <p>Ms. Collins is a 49 year old BW with a past medical history of hypertension, GERD and anemia. She has not been seen in the office since October 2019. Today she reports feeling well. She is here today for an evaluation prior to an EGD and colonoscopy. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PREOPERATIVE CLEARANCE FOR SURGERY; There has not been any treatment or conservative therapy.; NEEDS CARDIAC CLEARANCE FOR SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Ms. Davis is a 37 year old Black/African American female with a history of anxiety and anemia. Patient was recently in ER for Chest Pains and is here today for a follow up. Patient presents to clinic today with complaints of episodes of left sided chest p; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; LEFT ARM PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | NEEDING PREOP CLEARANCE FOR TOTAL HIP REPLACEMENT; CAN NOT WALK DUE TO HIP PAIN; This study is being ordered for trauma or injury.; 6 MONTHS; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; chest pain, paltitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | <p>Patient had a series of unfortunate events since his last visit. He came in with congestive heart failure, was transferred to SVI for further evaluation. He was evaluated by advanced heart failure services and his last echo on 3/21 EF 25-30% severely re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; who has been short of breath progressively starting since 2019; There has been treatment or conservative therapy.; Shortness of breath, Chest pain & Hypertension; continue entresto, metoprolol succinate and aldactone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | <p>Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's bilateral hip pain, difficulty ambulating. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left ventricle; This study is being ordered for Congenital Anomaly.; 01/31/2021; There has not been any treatment or conservative therapy.; precordial chest pain, shortness of breath, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | <p>Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Recent surgery. Not a good candidate for treadmill stress testing. Rule out underlying ischemia. Two-dimensional echocardiographic D; This study is being ordered for Vascular Disease.; 03/01/2021; There has been treatment or conservative therapy.; chest pain, dyspnea; Medication regimen of Carvedilol and Nifedipine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | SMOKER ,HIGH CHOLESTEROL, HTN, PREV MI, LEG PAIN, NEED TO EVAL FOR ISCHEMIA.; This study is being ordered for Vascular Disease.; NOT SPECIFIED/ SAW DR ON 8/25/2021; It is not known if there has been any treatment or conservative therapy.; SOB ON EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Myocardial Perfusion Imaging has been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member has NOT tested positive for Coronavirus (Covid 19) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/25/21; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH, HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; Dizziness, shortness of breath, abnormal EKG in 2020; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; 6/23/21; There has been treatment or conservative therapy.; chest pain, shortness if breathe, hypertension, obesity, presence of CAD; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; per pt March or April 2021; There has been treatment or conservative therapy.; chest pain and syncope.; HTN has been treated with medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; Pt came to the office 08/10/21 stating she had been having chest pain and shortness of breath, Exact date of onset is unknown; There has been treatment or conservative therapy.; Chest Pain mid sternum and back radiating to her Left arm. She is experiencing shortness of breath. She has a history of CAD, HTN, HLD.; Pt has been on medical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Chest Pain with rest and exertion, shortness of breath, palpitations and irregular heart beat.; medical management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; patient is having chest pain on exertion and leg pain an swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | VERTIGO, CLASS 111 ANGINA, EVAL FOR ISCHEMIA.; This study is being ordered for Vascular Disease.; ABOUT 1 MONTH; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN ON EXERTION WITH A FEW EPISODES OF SYNCOPE, GETTING EVENT MONITOR.. NO RESULTS YET; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Radiology Services Denied Not Medically Necessary | Evaluate MR and aortic valve.;Pertinent history includes: CHF, CVD, Open heart surgery, HTN, HLD, OA, RLS, Angina.; This study is being ordered for Vascular Disease.; 4/2021; There has been treatment or conservative therapy.; SOB, INHALER, Had recent work up in heart hospital and was told about some leaking valves but did not follow up or give any info; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | chest pain and SOB on exam; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The is patient being started on or is already on another medication not listed above | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a documented ejection fraction of less than or equal to 40%; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-----------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; per pt March or April 2021; There has been treatment or conservative therapy.; chest pain and syncope.; HTN has been treated with medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Chest Pain with rest and exertion, shortness of breath, palpitations and irregular heart beat.; medical management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Cardiology | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | W/ HIS RISK FACTORS AND SYMPTOMS, PERSISTENCE AND PROGRESSION, AND NO ALLEVIATION IN ACTIVITY RELATED CHEST DISCOMFORT, STRESS ECHO TEST IS GOING TO BE THE BEST WAY TO EVALUATE HIS CARDIAC FUNCTION W/ THE PERICARDIAL EFFUSION, LOOK AT LV FUNCTION AND MAKE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEPTEMBER 2021; There has not been any treatment or conservative therapy.; started having complaints of left anterior chest discomfort. This is worse when he takes a deeper breath in, gets more severe. Sometimes it occurs with activity as well.This actually became uncomfortable enough and persistent now for that last couple of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | | ; 03/30/2021; There has been treatment or conservative therapy.; LOW BACK PAIN W/SCIATICA, CERVICAL RADICULOPATHY WITH NECK PAIN; PATIENT HAS BEEN RECEIVING CONSERVATIVE THERAPY SINCE 03/30/21 VIA CHIROPRACTOR WITH NO RELIEF OF SYMPTOMS; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | | This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; 03/30/2021; There has been treatment or conservative therapy.; LOW BACK PAIN W/SCIATICA, CERVICAL RADICULOPATHY WITH NECK PAIN; PATIENT HAS BEEN RECEIVING CONSERVATIVE THERAPY SINCE 03/30/21 VIA CHIROPRACTOR WITH NO RELIEF OF SYMPTOMS; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered as a follow-up to trauma.; It is not known if there is laboratory or physical evidence of a pelvic bleed.; There are physical or abnormal blood work consistent with peritonitis or pelvic abscess.; "Caller does not know whether the ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic girdle, sacrum or the tail bone (coccyx). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Chiropractic Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | ; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | 02/22/2019; There has been treatment or conservative therapy.; ABDOMINAL PAIN;; Stable postsurgical changes identified, with no evidence of local tumor recurrence or;metastasis.;2. Stable focal fatty infiltration adjacent to the gallbladder fossa and unchanged 0.7 cm;hypodense lesion within segment 5/6. Favored; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | 06/30/21; There has not been any treatment or conservative therapy.; RECTAL MASS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | 08/25/2021; There has not been any treatment or conservative therapy.; EPIGASTRIC PAIN, RECTAL BLEEDING, MODERATE GASTRITIS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ANAL CANCER W/PAIN & BLEEDING; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | PATIENT HAD A COLONOSCOPY AND A TUMOR WAS FOUND, NEW DX;FOR Invasive adenocarcinoma, moderately differentiated; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 02/22/2019; There has been treatment or conservative therapy.; ABDOMINAL PAIN;; Stable postsurgical changes identified, with no evidence of local tumor recurrence or;metastasis.;2. Stable focal fatty infiltration adjacent to the gallbladder fossa and unchanged 0.7 cm;hypodense lesion within segment 5/6. Favored; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 06/30/21; There has not been any treatment or conservative therapy.; RECTAL MASS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 08/25/2021; There has not been any treatment or conservative therapy.; EPIGASTRIC PAIN, RECTAL BLEEDING, MODERATE GASTRITIS; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Colon & Rectal Surgery | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Dermatology | Approval | 71250 Computed tomography, thorax; without contrast material | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Dermatology | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | | This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Dermatology | Approval | 74150 Computed tomography, abdomen; without contrast material | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Dermatology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | see clinicals; This study is being ordered for Congenital Anomaly.; see clinicals; There has been treatment or conservative therapy.; see clinicals; Failed conservative care including previous attempts at physical therapy, with ongoing participation in practitioner-prescribed exercise (6 weeks within the past 6 months), medication management, and injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | see clinicals; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | see clinicals; This study is being ordered for Congenital Anomaly.; see clinicals; There has been treatment or conservative therapy.; see clinicals; Failed conservative care including previous attempts at physical therapy, with ongoing participation in practitioner-prescribed exercise (6 weeks within the past 6 months), medication management, and injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 26 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | EnterPatient reports that the Right C7/T1 CESI CESI on 6/22/21 provided her great relief (almost 10%) for 1 day, now pt feels pain has gradually returned. The patient reports a pain of 9/10 without Percocet and MS Contin, and becomes a 4/10 with Percocet ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | PT systems are getting worse.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | PT systems are getting worse.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | It is a medical necessity to have a MRI to treat the patient.; 8/12/2019; There has been treatment or conservative therapy.; Bilateral L5 radiculitis.;High suspicion of cervical myeloradiculopathy resulting in multiple falls.;Impaired tandem gait. Pathologic normoreflexia.; non-steroidal anti-inflammatory medication, lifestyle modification, physical therapy, time, healing and rest.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | preprocedure planning; 6/15/2018; There has been treatment or conservative therapy.; Mark Duvall is a 32 year old Male who presents to discuss concerns about their Mid Back Pain, Neck Pain; NSAID, PT; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | see clinicals; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | preprocedure planning; 6/15/2018; There has been treatment or conservative therapy.; Mark Duvall is a 32 year old Male who presents to discuss concerns about their Mid Back Pain, Neck Pain; NSAID, PT; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | It is a medical necessity to have a MRI to treat the patient.; 8/12/2019; There has been treatment or conservative therapy.; Bilateral L5 radiculitis.;High suspicion of cervical myeloradiculopathy resulting in multiple falls.;Impaired tandem gait. Pathologic normoreflexia.; non-steroidal anti-inflammatory medication, lifestyle modification, physical therapy, time, healing and rest.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | see clinicals; This study is being ordered for Congenital Anomaly.; see clinicals; There has been treatment or conservative therapy.; see clinicals; Failed conservative care including previous attempts at physical therapy, with ongoing participation in practitioner-prescribed exercise (6 weeks within the past 6 months), medication management, and injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Doctors and Rehabilitation | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | 1. Headache - worsening after trauma;2. Contusion to Left Orbit;3. Hx of Trauma to Head;4. Vision Changes;5. Tinnitus;6. Nausea; This study is being ordered for trauma or injury.; 07/14/2021; There has been treatment or conservative therapy.; Vision Changes; Naproxen and Medrol Dose pak as prescribed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | New Palpable mass; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moyamoya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 1. Headache - worsening after trauma;2. Contusion to Left Orbit;3. Hx of Trauma to Head;4. Vision Changes;5. Tinnitus;6. Nausea; This study is being ordered for trauma or injury.; 07/14/2021; There has been treatment or conservative therapy.; Vision Changes; Naproxen and Medrol Dose pak as prescribed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; It is not known if the ordering physician is a gastroenterologist or surgeon.; There is laboratory or physical evidence of an intra-abdominal bleed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; It is not known if surgery is planned for within 30 days. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | She also had a CT in Jan 2021 for persistent cough. It showed atelectasis and granuloma in the left upper lobe. She was told to f/u in six months for repeat CT.;She states that "without the inhalers I cannot breath." She also admits to pain in her che; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Shoulder pain, rotator cuff disorder suspected, xray done;;Lumbar radiculopathy, cancer or infection suspected;;back pain; This study is being ordered for trauma or injury.; 05/25/2021; There has been treatment or conservative therapy.; arthralgias, back pain and joint swelling.; Right shoulder: Tenderness present. Decreased range of motion. ; Left shoulder: Tenderness and crepitus present. Decreased range of motion. Decreased strength. ; Arms;; (injection, Left shoulder); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Shoulder pain, rotator cuff disorder suspected, xray done;;Lumbar radiculopathy, cancer or infection suspected;;back pain; This study is being ordered for trauma or injury.; 05/25/2021; There has been treatment or conservative therapy.; arthralgias, back pain and joint swelling.; Right shoulder: Tenderness present. Decreased range of motion. ; Left shoulder: Tenderness and crepitus present. Decreased range of motion. Decreased strength. ; Arms;; (injection, Left shoulder); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Shoulder pain, rotator cuff disorder suspected, xray done;;Lumbar radiculopathy, cancer or infection suspected;;back pain; This study is being ordered for trauma or injury.; 05/25/2021; There has been treatment or conservative therapy.; arthralgias, back pain and joint swelling.; Right shoulder: Tenderness present. Decreased range of motion. ; Left shoulder: Tenderness and crepitus present. Decreased range of motion. Decreased strength. ; Arms;; (injection, Left shoulder); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | foot/ankle sprain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Radiology Services Denied Not Medically Necessary | This is a request for a heart or cardiac MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Emergency Medicine | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhoea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 5 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 71250 Computed tomography, thorax; without contrast material | ; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 71250 Computed tomography, thorax; without contrast material | 2/27/2019; There has been treatment or conservative therapy.; the left shoulder pain is gone. He had rt at home. He is having weakness in her right leg. Couldn't pick his right leg up to put in stirrup. He also has some difficulty going up stairs. Patient denies tremor, palpitations, heat or cold intolerance, con; Total thyroidectomy;;Treated with 145 mCi;;8/17 treated with 157 mci;;1/20 treated 150 mCi of I 131; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | | ; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | | 2/27/2019; There has been treatment or conservative therapy.; the left shoulder pain is gone. He had rt at home. He is having weakness in her right leg. Couldn't pick his right leg up to put in stirrup. He also has some difficulty going up stairs. Patient denies tremor, palpitations, heat or cold intolerance, con; Total thyroidectomy;;Treated with 145 mCi;;8/17 treated with 157 mci;;1/20 treated 150 mCi of I 131; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) | | This is a request for Parathyroid SPECT imaging.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | patient has a neuroendocrine tumor; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma); The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Endocrinology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 70450 Computed tomography, head or brain; without contrast material | | ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | | This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | | ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | 04/21/2021; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | 11/2017; There has been treatment or conservative therapy.; no symptoms; transplant; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71250 Computed tomography, thorax; without contrast material | Unknown initial onset. First office visit was 08/12/2021.; There has been treatment or conservative therapy.; Chronic persistent diarrhea that is not better with medications, Chronic cough of unknown origin with increase in fatigue, malaise, and night sweats; Patient was started on Bentyl, Low Fiber/Residue Diet, advised to discontinue all NSAIDs and Aspirin containing products. Patient underwent a colonoscopy which was normal.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | lesion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 72192 Computed tomography, pelvis; without contrast material | abnormal weight loss; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Crohn's disease of both small and large intestine; This study is being ordered for Inflammatory/ Infectious Disease.; Crohn's disease of both small and large intestine; There has been treatment or conservative therapy.; Crohn's disease of both small and large intestine; Crohn's disease of both small and large intestine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; chronic ulcer and chronic lower abdominal pain; medication and scope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | I will download documents.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has issues for Years, With our clinic 2018; There has been treatment or conservative therapy.; Crohns' disease, Diarrhea, Epigastric Pain, and Nausea and vomiting.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | abnormal weight loss; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Crohn's disease.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 04/21/2021; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 11/2017; There has been treatment or conservative therapy.; no symptoms; transplant; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | March 2021, We have seen this patient a few times a month since March; There has been treatment or conservative therapy.; Ab pain and Chest discomfort; The PT has been on medication, had an EGD, Colonoscopy, fibroscan and labs taken; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The PT has had weight loss for awhile. However has tried different medications. That is in the chart info i will download.; There has been treatment or conservative therapy.; Weight loss ;diarrhea;autoimmune enteropathy; Testing and mediations have been administered to the patient for months; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; it is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Iron deficiency; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); r/obstruction; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RULE OUT CHRON'S; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); WEIGHT LOSS, EARLY SATIETY, BLOATING, ANOREXIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Unknown initial onset. First office visit was 08/12/2021.; There has been treatment or conservative therapy.; Chronic persistent diarrhea that is not better with medications, Chronic cough of unknown origin with increase in fatigue, malaise, and night sweats; Patient was started on Bentyl, Low Fiber/Residue Diet, advised to discontinue all NSAIDs and Aspirin containing products. Patient underwent a colonoscopy which was normal.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Crohn's disease of both small and large intestine; This study is being ordered for Inflammatory/ Infectious Disease.; Crohn's disease of both small and large intestine; There has been treatment or conservative therapy.; Crohn's disease of both small and large intestine; Crohn's disease of both small and large intestine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; chronic ulcer and chronic lower abdominal pain; medication and scope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | I will download documents.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has issues for Years, With our clinic 2018; There has been treatment or conservative therapy.; Crohns' disease, Diarrhea, Epigastric Pain, and Nausea and vomiting.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Patient was referred to our clinic by her primary care for elevated pancreatic enzymes with previous normal imaging. Further evaluation is required.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is not planned for within 30 days. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | I can provide doctor notes; This study is being ordered for Inflammatory/ Infectious Disease.; The PT has been having issues for the past month.; It is not known if there has been any treatment or conservative therapy.; Pain and Diarrhea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | Unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Located today 9.9.21 incidentally during Esophagogastroduodenoscopy; There has not been any treatment or conservative therapy.; unintentional weight loss, nausea, anemia, abdominal pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | March 2021, We have seen this patient a few times a month since March; There has been treatment or conservative therapy.; Ab pain and Chest discomfort; The PT has been on medication, had an EGD, Colonoscopy, fibroscan and labs taken; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | R13.10 (ICD-10-CM) - Dysphagia, unspecified type ;R10.13 (ICD-10-CM) - Epigastric pain ;R07.89 (ICD-10-CM) - Other chest pain; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | The PT has had weight loss for awhile. However has tried different medications. That is in the chart info i will download.; There has been treatment or conservative therapy.; Weight loss ;diarrhea;autoimmune enteropathy; Testing and mediations have been administered to the patient for months; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | MRI is because pt. have renal insufficiency trying to avoid CT contrast; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2021; There has been treatment or conservative therapy.; Pt. have abdominal pain, tenderness, guarding, severe iron deficiency anemia and rectal bleeding; Pt. had infusion (iron); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | patient is having complications from her chronhs disease; This study is being ordered for Inflammatory/ Infectious Disease.; 2012; There has been treatment or conservative therapy.; patient has abdominal pain, diarrhea, rectal bleeding, weight loss; infusions, infectra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Located today 9.9.21 incidentally during Esophagogastroduodenoscopy; There has not been any treatment or conservative therapy.; unintentional weight loss, nausea, anemia, abdominal pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Crohn disease; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); You are required to insertCHRONIC CONSTIPATION a reason here; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | labs bilirubin, elevated AFP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; There has not been any treatment or conservative therapy.; abdominal pain, vomiting ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | MRI is because pt. have renal insufficiency trying to avoid CT contrast; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2021; There has been treatment or conservative therapy.; Pt. have abdominal pain, tenderness, guarding, severe iron deficiency anemia and rectal bleeding; Pt. had infusion (iron); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | patient is having complications from her chronhs disease; This study is being ordered for Inflammatory/ Infectious Disease.; 2012; There has been treatment or conservative therapy.; patient has abdominal pain, diarrhea, rectal bleeding, weight loss; infusions, infectra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; It is unknown if there is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | labs bilirubin, elevated AFP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; There has not been any treatment or conservative therapy.; abdominal pain, vomiting ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gastroenterology | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | Patient was referred to our clinic by her primary care for elevated pancreatic enzymes with previous normal imaging. Further evaluation is required.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/06/2021; There has not been any treatment or conservative therapy.; headaches, dizziness, and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9/12/21; There has not been any treatment or conservative therapy.; headaches, right ah pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9/13/21; There has not been any treatment or conservative therapy.; headaches, concerned for brain bleed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 17 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 44 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | unknown; This study is being ordered for trauma or injury.; 08/29/2021; There has not been any treatment or conservative therapy.; orbital swelling, knots and pain on top of head, headaches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | wanting to rule out any fracture/bleed; This study is being ordered for trauma or injury.; 08/24/21; There has not been any treatment or conservative therapy.; chest pain along with memory loss and head injury with pain on left side of head; due to MVA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70450 Computed tomography, head or brain; without contrast material | XR of lumbar did not show anything; trauma from 8/30/2021; This study is being ordered for trauma or injury.; 8/30/2021; There has not been any treatment or conservative therapy.; severe headache, severe dizziness, lower back pain and spasms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9/13/21; There has not been any treatment or conservative therapy.; headaches, concerned for brain bleed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | 41 y/o patient c/o tooth pain. 1st and 2nd molar on the top right are broken and show signs of severe decay. Right side of face has noticeable swelling. Severe pain, complains of chills. Also having right ear and neck pain. Upper molar abscess with possib; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9/12/21; There has not been any treatment or conservative therapy.; headaches, right ah pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | unknown; This study is being ordered for trauma or injury.; 08/29/2021; There has not been any treatment or conservative therapy.; orbital swelling, knots and pain on top of head, headaches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/2021; There has not been any treatment or conservative therapy.; A new heart murmur, swelling lymph nodes in neck, history of non Hodgkin's lymphoma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/26/2021; There has not been any treatment or conservative therapy.; pain in jaws; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Headaches, intermittent but happen daily; This study is being ordered for a neurological disorder.; 6/1/2020; There has been treatment or conservative therapy.; MRI 2020 L lobe abnormality, stroke, R lesion concerned for carcinoma; medications, MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | HISTORY OF MIGRAINES; This study is being ordered for a neurological disorder.; 7/6/2021; There has been treatment or conservative therapy.; BAD HEADACHE PAIN IS SQUEESING AND GOES ACROSS THE FA. ALSO HAS NAUSEA,DIZZINESS AND EYE TENDERNESS BILATERALLY.PAIN IS CONSTANT CURRENTLY 8/10.; PRESCRIBED MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | patient had a brain mri that shows a previous infarct. need cta of head and neck to see what kind of blockage she might have.; This study is being ordered for a neurological disorder.; 7/15/21; There has not been any treatment or conservative therapy.; patient had a brain mri that shows a previous infarct. need cta of head and neck to see what kind of blockage she might have.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient had a carotid doppler. Doppler was abnormal and radiologist recommended these studies to better define the extension and location of the blockage.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; dizziness, headache, chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PATIENT WITH ALTERED MENTAL STATUS, WORSENING HEADACHES AND CERVICAL PAIN.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Test is needed for further treatment.; This study is being ordered for a neurological disorder.; 8/4/21; There has been treatment or conservative therapy.; Will upload clinicals.; Emergency Department; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/26/2021; There has not been any treatment or conservative therapy.; pain in jaws; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Headaches, intermittent but happen daily; This study is being ordered for a neurological disorder.; 6/1/2020; There has been treatment or conservative therapy.; MRI 2020 L lobe abnormality, stroke, R lesion concerned for carcinoma; medications, MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | HISTORY OF MIGRAINES; This study is being ordered for a neurological disorder.; 7/6/2021; There has been treatment or conservative therapy.; BAD HEADACHE PAIN IS SQUEESING AND GOES ACROSS THE FA. ALSO HAS NAUSEA,DIZZINESS AND EYE TENDERNESS BILATERALLY.PAIN IS CONSTANT CURRENTLY 8/10.; PRESCRIBED MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | patient had a brain mri that shows a previous infarct. need cta of head and neck to see what kind of blockage she might have.; This study is being ordered for a neurological disorder.; 7/15/21; There has not been any treatment or conservative therapy.; patient had a brain mri that shows a previous infarct. need cta of head and neck to see what kind of blockage she might have.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient had a carotid doppler. Doppler was abnormal and radiologist recommended these studies to better define the extension and location of the blockage.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; dizziness, headache, chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PATIENT WITH ALTERED MENTAL STATUS, WORSENING HEADACHES AND CERVICAL PAIN.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Test is needed for further treatment.; This study is being ordered for a neurological disorder.; 8/4/21; There has been treatment or conservative therapy.; Will upload clinicals.; Emergency Department; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 7 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | This study is being ordered for Inflammatory/ Infectious Disease.; 06/22/21; There has been treatment or conservative therapy.; Headaches with stabbing pain, vision loss and blurred vision, memory loss, chronic headaches.; Patient was seen by his eye doctor and he recommended an MRI for suspicion of optic disc edema. dorzolamide 22.3 mg-timoloL 6.8 mg/mL eye drops;PLACE ONE DROP INTO EACH EYE TWICE DAILY;;travoprost 0.004 % eye drops;PLACE ONE DROP INTO BOTH EYES AT BED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | concerns of syncope spells; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Prominent subarachnoid space around the optic nerves, partially empty sella, and probable bilateral stenosis of the transverse sinuses, suggesting idiopathic intracranial hypertension as a possible source of headache.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is an immediate family history of aneurysm.; This is a request for a Brain MRA. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for a neurological disorder.; 08/11/2021; There has been treatment or conservative therapy.; Visual disturbance, pain and pressure in head and neuropathy.; Treated her anxiety and check had a cardiology work up and ruled both of these things out as probable cause.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 08/05/2021; There has not been any treatment or conservative therapy.; Pain in right arm and leg tingling down the body, slurred speech, positive Sterling test on right side increased headaches; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 2018; There has been treatment or conservative therapy.; increasing severe neck pain; 6 weeks of PTMedications; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Due to her rapid onset profound BUE and BLE weakness the patient has been unable to move well in her house even with a walker to accomplish eating, bathing and moving from room to room. I manual wheelchair will be helpful in accomplishing these tasks.; This study is being ordered for a neurological disorder.; 06/2021; There has been treatment or conservative therapy.; Pt c/o progressive profound muscle weakness to the point of inability to walk and dropping items over the last 3 weeks. She has had multiple fall since that time. ;She does have an altered sense of feeling with inability to tell wear her extremities are ; Patient cannot walk. She is being referred for wheelchair; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 91 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 34 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 24 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 7 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This study is being ordered for Inflammatory/ Infectious Disease.; 06/22/21; There has been treatment or conservative therapy.; Headaches with stabbing pain, vision loss and blurred vision, memory loss, chronic headaches.; Patient was seen by his eye doctor and he recommended an MRI for suspicion of optic disc edema. dorzolamide 22.3 mg-timoloL 6.8 mg/mL eye drops;PLACE ONE DROP INTO EACH EYE TWICE DAILY;;travoprost 0.004 % eye drops;PLACE ONE DROP INTO BOTH EYES AT BED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 02/26/2015; It is not known if there has been any treatment or conservative therapy.; lung nodule seen on imaging, COPD, Chronic hoarseness; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 3 month follow up nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 4 weeks ago; There has been treatment or conservative therapy.; Left chest pain and lower quad pain; Medications (nsaids); The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 5/5/2021 CT Lung Screening;Impression::COPD. Cluster of nodules in the right upper lobe measuring up to 8mm;;new from prior. Lung RADS category 4A. Follow-up low-dose chest CT in;three months.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 06/11/2021; It is not known if there has been any treatment or conservative therapy.; WEIGHT LOSS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 07/02/2021; There has not been any treatment or conservative therapy.; EPIGASTRIC, RIB AND UPPER BACK PAIN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Trauma / Injury | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 07/13/2021; There has not been any treatment or conservative therapy.; elevation of right hemidiaphragm and density in mid right lung; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 07/14/2021; There has not been any treatment or conservative therapy.; Unexplained generalized hyperhidrosis, fatigue and abdominal pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | 9/3/2020; There has been treatment or conservative therapy.; the patient primary symptoms decrease appicate and lost 56lbs nausea; bone manual and left breast cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A CHEST CT WAS PERFORMED LAST YEAR THE DOCTOR IS TRYING TO MAKE SURE THE NODULE HAS NOT GROWN SINCE LAST YEAR.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; This Interstitial Lung Disease is suspected; The chest x-ray was abnormal | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | abnormal chest xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 16 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 40 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Chest xray performed on 8/27/2021 with findings of a left upper lobe nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | current smoker, abnormal chest x ray, calcified density in left upper lung field, dyspnea; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | CXR show some densities in the upper lung zones that may represent pneumonitis- may be recent. I want her to have a CT of the chest to get a better look at this.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | FOLLOW UP FROM ABNORMAL CT IN 12/11/20; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Has been having trouble with a cough and mucus x 2 months after being sick. Is a smoker and has a cough. Trying to see if the problem is a lung issue or a kidney issue with the patient also having left flank pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Has poulmanry nodule getting larger and making sure it's not cancerous; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Hematemesis; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Lung mass seen on Xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Multiple nodules ther are pulmonary Nodules former smoker 2 Packs a day for 10 to 15 Years; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | N/A; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal finding on physical examination was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Nodule noted on x-ray done 8/24/21. Diagnosed with pneumonia earlier. Breath sounds diminished; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | none; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | pain w/neck swallowing,increased HA's , swelling in the neck/collarbone area.;AT THE REQUEST OF:ABBY BALDWIN, MD;PATIENT NAME:JULIE A PRUET;DOB:09/18/1967;AGE/SEX:53/Female;DATE OF SERVICE:07/02/2021;PATIENT ID#:1443925;;PROCEDURE(S): US THYROID; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Patient had a Chest CT that showed a pulmonary nodule that needed to be looked up again in 3 months; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Patient had a Chest x-ray showed pulmonary nodule, left 10.8 x 9.6 mm. Recommended further evaluation with CT chest.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Patient had previous CT done and an 8mm uncalcified left lower lobe pulmonary nodule was noted. Impression was a follow up CT in 6-12 months.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | patient had recent chest x-ray that shows a questionable right upper lobe pulmonary nodule that needs to be evaluated by at ct; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Patient has a history of chest wall abscess; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Patient has a history of Covid-19 infection. She continues to have chronic cough and shortness of breath.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | patient has been hoarse for over 3 months, and has an abnormality seen on his chest xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | patient has unexplained weight loss, get congested easily, coughing and spitting up mucous, and has had an abnormal chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | patient is a smoker and having chest pain.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | PHYSICAL EVIDENCE to support CT Chest - Patient coughing up blood and is a long time cigarette smoker; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Pt has persistent cough and is a current smoker; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | pulmonary nodule, smoker; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | repeat CT to compare to last CT done in May 2021 for pulmonary nodule left lung;;5/21/2021;CT Chest/Thorax/W/Contrast ;Noncalcified pulmonary nodules are seen within the left midlung along the superior segment of the left lower lobe which appear ti be; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Rib Fracture and tenderness; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Slightly enlarging 1.2 cm right anterior upper lobe pulmonary nodule.Consider short interval chest CT in 2-3 months or PET/CT for further;evaluation after appropriate treatment.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Solitary pulmonary nodule; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; It is unknown if the patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Underlying neoplastic process would be in the differential in the right apex; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Very painful sternum, tenderness, bruising, possible fracture; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | wanting to rule out any fracture/bleed; This study is being ordered for trauma or injury.; 08/24/21; There has not been any treatment or conservative therapy.; chest pain along with memory loss and head injury with pain on left side of head; due to MVA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | X RAY NEG, US NEG; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | XRAY OF CHEST DONE 08/09 SHOES WEDGE HAPED DENSITY II LUNG WITH NO PREVIOUS SUGICAL HISTORY.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71250 Computed tomography, thorax; without contrast material | Z82.49 (ICD-10-CM) - Family history of heart disease/ recently diagnosed diabetic, smoker 20 pack/ yr history; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | ; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | ; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | COPD J44.9; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 117 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 35 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | history of aortic dissection , chest pain, shortness of breath, back pain; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Pt has shortness of breath, is weak, and d/emer is elevated. This is not due to covid has had his vaccines already.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Severe Aortic Stenosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 46 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | patient has a large open wound on his chest w/infection and previous broken ribs and sternal hardware removal; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Weakness in left leg that is wrosening; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 2018; There has been treatment or conservative therapy.; increasing severe neck pain; 6 weeks of PTMedications; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Due to her rapid onset profound BUE and BLE weakness the patient has been unable to move well in her house even with a walker to accomplish eating, bathing and moving from room to room. I manual wheelchair will be helpful in accomplishing these tasks.; This study is being ordered for a neurological disorder.; 06/2021; There has been treatment or conservative therapy.; Pt c/o progressive profound muscle weakness to the point of inability to walk and dropping items over the last 3 weeks. She has had multiple fall since that time. ;She does have an altered sense of feeling with inability to tell wear her extremities are ; Patient cannot walk. She is being referred for wheelchair; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - or Type In Unknown If No Info Given. 08/19/2021; There has been treatment or conservative therapy.; Back Pain; Fatigue; weakness, numbness; bi-lat upper/lower extremities; difficulty; vision changes; slurred speech, difficulty standing; muscle spasms;; Medications; HEP; This study is being ordered for Multiple Sclerosis | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | MRI c-spine and t-spine 10/15/20 significant for cervical cord syrinx from C2 through T2 with mild cord atrophy. He has degenerative changes throughout with severe bilateral foraminal narrowing at C3-4, C5-6 and C6-7.c-spine xrays today significant for de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Patient has had no improvement with conservative treatment and physical therapy.; This study is being ordered for a neurological disorder.; July 2, 2021; There has been treatment or conservative therapy.; Right arm weakness, paresthasias, pain; Physical Therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Physical therapy has not helped any. Patient is in constant pain; about 4 weeks ago has gotten worse; There has been treatment or conservative therapy.; neck and upper back pain; xrays, ultrasounds, physical therapy.; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Physical therapy was not helping relieve pain symptoms; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | sent patient to PT and he cant do it; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; It is unknown if any of these apply to the patient; The trauma or injury did NOT occur within the past 72 hours.; It is not known if the pain began within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | unknown; more than 1 year ago. Exact date unsure; There has been treatment or conservative therapy.; chronic neck pain that radiates into arms and hands causing numbness , chronic back pain radiates into legs and causes numbness; neck surgery and physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | unknown; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | MRI c-spine and t-spine 10/15/20 significant for cervical cord syrinx from C2 through T2 with mild cord atrophy. He has degenerative changes throughout with severe bilateral foraminal narrowing at C3-4, C5-6 and C6-7.c-spine xrays today significant for de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2021; There has not been any treatment or conservative therapy.; Pain, swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Physical therapy has not helped any. Patient is in constant pain; about 4 weeks ago has gotten worse; There has been treatment or conservative therapy.; neck and upper back pain; xrays, ultrasounds, physical therapy.; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; NUMBNESS IN HAND AND WEAKNESS IN ARMS | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Will upload clinicals | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Enter answer here - or Type In Unknown If No Info Given. unknown There has been treatment or conservative therapy.; pain; medicine PT home exercise; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Flank pain, suspected kidney stone.;Fracture in lumbar spine at L1 level.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | HAS SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; PAIN ON SCALE OF 9 TO 10 AND MUSCLE SPASM; PT EXERCISE AND MASSAGE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Physical therapy was not helping relieve pain symptoms; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | sent patient to PT and he cant do it; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Trauma or recent injury | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 31 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 74 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Abnormal Reflexes | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Recent evidence of fracture documented by x-ray | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 27 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PASSE Total Care is patient's SECONDARY insurance. Both of these procedures have been approved by her PRIMARY insurance Blue Cross Blue Shield. We need approval from her secondary insurance. ;BACK: full range of motion, no costovertebral angle tenderness; There has been treatment or conservative therapy.; Date of initial onset:: PASSE Total Care is patient's SECONDARY insurance. Both of these procedures have been approved by her PRIMARY insurance Blue Cross Blue Shield. We need approval from her secondary insurance. BACK: full range of motion, no costovertebral angle tenderness; Medications; physical therapy and has been to pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | unknown; more than 1 year ago. Exact date unsure; There has been treatment or conservative therapy.; chronic neck pain that radiates into arms and hands causing numbness , chronic back pain radiates into legs and causes numbness; neck surgery and physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | XR of lumbar did not show anything; trauma from 8/30/2021; This study is being ordered for trauma or injury.; 8/30/2021; There has not been any treatment or conservative therapy.; severe headache, severe dizziness, lower back pain and spasms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | Pt had a renal ultra-sound that revealed a possible bladder mass; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; It is not known if the ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | main reason she is here is for ongoing low back pain she started telling a pretty long story of an injury that occurred back in late May was seen by another provider x-rays were done had physical therapy was not getting better than an MRI was done in the ; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Minimal thickening about;the terminal ileum is seen possibly related to collapsed state.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | SACRUM AND COCCYX PAIN. LOW BACK PAIN.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; It is not known if this is a preoperative study. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73200 Computed tomography, upper extremity; without contrast material | There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73200 Computed tomography, upper extremity; without contrast material | There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection., The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Adhesive capsulitis of left shoulder;Acute pain of left shoulder;positive Hawkins ;Epicondylitis elbow, medial, left;Mild irregularity along the;lateral epicondyle which could be related to lateral epicondylitis;Elbow pain, chronic, left;She comple; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2021; There has been treatment or conservative therapy.; cyst on both areas, pain in right wrist and left foot; steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | family hx of bone cancer; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | pt has done physical therapy; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has suffered with shoulder pain and has gradually worsened, not has limited range of motion to left shoulder The X Ray shows Degenerative changes to AC joint and likelihood of soft tissue damage/possible rotator cuff etiology, NSAIDS and uscle re; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits; treatment haven't helped range of motion and strengtnng exercises and it didn't help; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 21 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the lower extremity. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | . Varicose veins of leg with swellinghaving difficulty walking secondary to these, right; This study is being ordered for Vascular Disease.; 06.23.2021; There has been treatment or conservative therapy.; possible AVM in on the foot,;a mass on the right lateral surface of her foot, left plantar surface of her calcaneus.; 06.23.2021; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2021; There has been treatment or conservative therapy.; cyst on both areas, pain in right wrist and left foot; steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Significant left leg swelling. Patient has history of DVT and is a long term anticoagulant user.; This study is being ordered for trauma or injury.; 07/24/2021; There has not been any treatment or conservative therapy.; Leg pain and swelling for injury to left knee to determine ligament tendon or muscle tear.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 21 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 10 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This study is being ordered for Inflammatory/ Infectious Disease.; Klippel-Trenaunay-Weber syndrome; There has been treatment or conservative therapy.; Klippel-Trenaunay-Weber syndrome; Klippel-Trenaunay-Weber syndrome; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study is not requested for any of the standard indications for Knee MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | During last hospital stay CT abd/pelvis showed a 1.4cm indeterminate adrenal mass with recommendation for either CT adrenal protocol or MRI; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma); The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74150 Computed tomography, abdomen; without contrast material | Will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Severe Aortic Stenosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with noncontrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdomen. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 4 weeks ago; There has been treatment or conservative therapy.; Left chest pain and lower quad pain; Medications (nsaids); The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 06/11/2021; It is not known if there has been any treatment or conservative therapy.; WEIGHT LOSS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/02/2021; There has not been any treatment or conservative therapy.; EPIGASTRIC, RIB AND UPPER BACK PAIN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Trauma / Injury | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/13/2021; There has not been any treatment or conservative therapy.; elevation of right hemidiaphragm and density in mid right lung; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/14/2021; There has not been any treatment or conservative therapy.; mass seen on right mid back;;general lump on back is getting bigger, causes pain when patient lies down on it;;localized swelling, mass and lump, trunk;;abdominal pain, umbilical hernia evaluation;;patient complaining of abdominal pain, some due t; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/14/2021; There has not been any treatment or conservative therapy.; Unexplained generalized hyperhidrosis, fatigue and abdominal pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 9/3/2020; There has been treatment or conservative therapy.; the patient primary symptoms decrease applicate and lost 56lbs nausea; bone manual and left breast cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | During last hospital stay CT abd/pelvis showed a 1.4cm indeterminate adrenal mass with recommendation for either CT adrenal protocol or MRI; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | February 2021; It is not known if there has been any treatment or conservative therapy.; unexplained weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 23 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 27 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 25 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); - This study is being ordered for a kidney/ureteral stone.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PATIENT HAS GONE TO ER SEVARAL TIMES DR IS WANTING TO MAKE SURE ACITES /CIRRHOSIS IS NOT CAUSING ALL THE ISSUE; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pt has unexplained weight loss. 15 lbs in the past 4 months. Ultrasound was done and was normal. Blood workup has been normal; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); R/O DIVERTICULER DISEASE; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Subcutaneous mass; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 48 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 39 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 37 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 54 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 7 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | RECENT CT ABDOMEN SHOWED A 3.6 CM ADRENAL MASS. PATIENT RECENTLY HAD APPENDICITIS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Viral myocarditis; evaluate myocardium after myocarditis March 2021; evaluate TR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | ; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | 2x2x1.5cm breast lesion on MRI, 6 mo f/u recommended per radiologist. birads 3; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | 40 year old woman presents for right upper inner breast pain for one week. The patient has a personal history of bilateral reduction mammoplasty.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | abnormal mammogram-radiology requested MRI. will upload reports.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Pt has lifetime risk of 34%. Mother diagnosed at age 50, Maternal Aunt at age 68 and Maternal 1st female Cousin in 40's. Pt is Post Rt Excisional Biopsy and Post Bilateral Reduction Mammoplasty.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | unknown; This is a request for Breast MRI; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | This is a request for a Bone Density Study.; This patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is a repeat study due to a change in treatment or a change in symptoms of osteoporosis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) | This is a request for Parathyroid SPECT imaging.; Abnormal thyroid ultrasound.; Shown hyperfunctioning adenoma of the thyroid. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | LHC with CTO of LAD; Will plan for a viability study. If LAD territory is viable then we will send her for CABG for LIMA. If LAD territory is not viable then we will plan medical therapy only.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.; Will upload clinicals. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 1/30/2021; There has been treatment or conservative therapy.; severe leg pain not responding to treatment; anti inflammatory, lyrica, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Hypertension, Cardiomegaly and Hyperlipidemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 28, 2021; There has been treatment or conservative therapy.; ; Medication and EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 10 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 8 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 13 - 23 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 16-34 years old.; The member has NOT tested positive for Coronavirus (Covid 19) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is NOT being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 20 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study; There is no known valvular heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms was more than 6 months ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed More than 6 months ago | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Check patient heart and valve, to see why patient breathing is worse. Dyspnea on exertion; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Chest pain radiates to arm and jaw. Happens a lot during the night. Father Died at 76 and mom died at 86 bc of heart problems. Numbness on left jaw and arm. BP is 170/100.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Has chronic dry cough and hypertension.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | Gallstone; This is a request for MRCP; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | HIDA scan normal. Epigastric pain and RUQ abdominal pain; This is a request for MRCP; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | RUQ pain despite having a normal GALLBLADDER US, need to access gallbladder function; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | This is a request for MRCP; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | This is a request for MRCP; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | Radiology Services Denied Not Medically Necessary | This is a request for a temporomandibular joint MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury;; There has not been any treatment or conservative therapy;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Chronic pharyngitis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 8/16/21; There has been treatment or conservative therapy.; PAIN, DIZZINESS, TRAUMA TO HIP; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | patient in car accident; This study is being ordered for trauma or injury.; 9-13-2021; There has been treatment or conservative therapy.; headache, neck pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 5 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 28 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 13 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 13 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Right sided worsening, severe abdominal pain and overall weakness that provider wants to rule out possible stroke; Pt is worsening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | Radiology Services Denied Not Medically Necessary | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct" | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | Radiology Services Denied Not Medically Necessary | right neck along mastoid process c-spine tender to palpitation with swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 12 years of chronic pain with swelling of anterior neck and over mastoid; There has been treatment or conservative therapy.; neck and posterior head pain with swelling; tylenol and ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | ; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | Dental pain. CT face to rule out abscess.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | patient has an oropharyngeal mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for osteomyelitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | Chronic pharyngitis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 8/16/21; There has been treatment or conservative therapy.; PAIN, DIZZINESS, TRAUMA TO HIP; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | patient has an oropharyngeal mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; TIREDNESS IN LOWER EXTREMETIES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the brain. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; TIREDNESS IN LOWER EXTREMETIES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the Neck. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Dr. Hickman at Boozman Hoff would like this patient to have a MRI for brain and orbits and a neuro workup. She is a glaucoma suspect, high risk, has visual field defects, type 2 diabetic, having a lot of flashes, floaters going on.; This study is being ordered for a neurological disorder.; 03/01/2021; There has been treatment or conservative therapy.; Dr. Hickman at Boozman Hoff would like this patient to have a MRI for brain and orbits and a neuro workup. She is a glaucoma suspect, high risk, has visual field defects, type 2 diabetic, having a lot of flashes, floaters going on.; Dr. Hickman at Boozman Hoff would like this patient to have a MRI for brain and orbits and a neuro workup. She is a glaucoma suspect, high risk, has visual field defects, type 2 diabetic, having a lot of flashes, floaters going on.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | right neck along mastoid process c-spine tender to palpitation with swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 12 years of chronic pain with swelling of anterior neck and over mastoid; There has been treatment or conservative therapy.; neck and posterior head pain with swelling; tylenol and ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; 1999; It is not known if there has been any treatment or conservative therapy.; Chronic headache with history of cerebral aneurysm and heavy smoker.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Will get an MRA to rule out possible aneurysm.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 08/11/2021; There has been treatment or conservative therapy.; Visual disturbance, pain and pressure in head and neuropathy.; Treated her anxiety and check had a cardiology work up and ruled both of these things out as probable cause.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; 1999; It is not known if there has been any treatment or conservative therapy.; Chronic headache with history of cerebral aneurysm and heavy smoker.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Dr. Hickman at Boozman Hoff would like this patient to have a MRI for brain and orbits and a neuro workup. She is a glaucoma suspect, high risk, has visual field defects, type 2 diabetic, having a lot of flashes, floaters going on.; This study is being ordered for a neurological disorder.; 03/01/2021; There has been treatment or conservative therapy.; Dr. Hickman at Boozman Hoff would like this patient to have a MRI for brain and orbits and a neuro workup. She is a glaucoma suspect, high risk, has visual field defects, type 2 diabetic, having a lot of flashes, floaters going on.; Dr. Hickman at Boozman Hoff would like this patient to have a MRI for brain and orbits and a neuro workup. She is a glaucoma suspect, high risk, has visual field defects, type 2 diabetic, having a lot of flashes, floaters going on.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | er follow up; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-05/2021; There has been treatment or conservative therapy.; chest and vertigo; medication but no procedure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Evaluation of dizziness and left shoulder pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | NEW PAIN SINCE FALL THIS PAST YEAR PT NOW HAS DIZZINESS, AND BACK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | patient had a bike accident early April where she went over the front handlebars and the handlebar landing on her back ;She states that late April early May started developing numbness and tingling in her upper extremities that occurs throughout the day ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 34 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Known or suspected normal pressure hydrocephalus best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | unknown; There has been treatment or conservative therapy.; patient is having pain; patient has had medication, home excise, physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | unknown; There has not been any treatment or conservative therapy.; difficulty remembering or forgetting what he wants to say,difficulty focusing on items with eyesight, neck pain radiating down into bilateral uuper extremities into hand and is unable to grip at times; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; Antacids, dietary changes and proton pump inhibitor; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 'None of the above' describes the reason for this request.; It is unknown if anything else was noted related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 4/14/21; There has been treatment or conservative therapy.; weight loss, digestive issues, fatigue, cough, abdominal pain, vitamin b12 deficiency, epigastric pain; referred to dietician, labs, psych evaluation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 5.2 mm nodule in left upper lobe seen on xray, needing CT Chest w/wo contrast for further evaluation.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 07/14/2021; There has not been any treatment or conservative therapy.; mass seen on right mid back;;general lump on back is getting bigger, causes pain when patient lies down on it;;localized swelling, mass and lump, trunk;;abdominal pain, umbilical hernia evaluation;;patient complaining of abdominal pain, some due t; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 8-10-21; It is not known if there has been any treatment or conservative therapy.; Worsening epigastric upper quad, nausea, vomiting, unintentional weight loss.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 08-10-2021The discomfort is located primarily in the R side, axillary. There is no radiation. The pain initially began 4 days ago. ;08-17-2021 Patient also stated that he had a bad spout of pain last night and almost called an ambulance..;Concerning ; This study is being ordered for Inflammatory/ Infectious Disease.; Friday 08-06-2021 no relief from the steroids ;Patient also stated that he had a bad spout of pain last night and almost called an ambulance 08-17-2021;PT SAID PAIN WAS SEVERE LAST PM ON RIGHT SIDE, BELOW RIB CAGE. STILL HURTING TODAY BUT SEEMS TO MOVE; There has been treatment or conservative therapy.; Right sided Chest pain with slight ttp, shortness of breath, Upper abdominal Pain, Nausea and vomiting, fever unspecified ;;Covid test negative; Medications;Oral Steroids;ProAir inhaler;Covid testing;X-Ray Patient has pleural effusion ;;08-17-2021 Patient also stated that he had a bad spout of pain last night and almost called an ambulance.. ;;08-18-2021 PT SAID PAIN WAS SEVERE LAST PM ON ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 9/2021; There has not been any treatment or conservative therapy.; black diarea, nausea, vomiting, weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | abnormal chest x-ray, lung mass noted on x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chest pain describes the reason for this request.; Another abnormality is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chest pain, SOB on mild exertion and history of aortic rupture.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | chest wall pain, rib pain; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chest xray did not show anything,. Patient having chest and upper abdomen pain mainly on the left side. Family hx of breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chronic persistent cough with sputum. Will upload clinicals.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | CT impression from 07/10/2021: 5 lobe patches ground glass opacity nonspecific for pneumonitis/alveolitis; abnormal short axis diameter mediastinal and bilateral hilar lymphadenopathy;cardiomegaly; recommended f/u in 3 months to assess for stability.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 08/02/2021; There has been treatment or conservative therapy.; Right upper quadrant pain. Chest wall persistent pain not improving; Steroid injections, muscle relaxers, pain med.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 7/30/21; There has been treatment or conservative therapy.; Chest pain and SOB; EKG was abnormal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | er follow up; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-05/2021; There has been treatment or conservative therapy.; chest and vertigo, medication but no procedure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | February 2021; It is not known if there has been any treatment or conservative therapy.; unexplained weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | follow up on neuropathic pain (possibly fibromyalgia component) and her rib pain and unstable feeling in ribs; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | known covid-19 and known positive covid-19 testing with increased SOB, pulmonary function test was inconclusive, chest x-ray was inconclusive also; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Krista M Clark is a 32 y.o. female who presents with continued complaints of right sided rib pain which started around 5/15/2021. We have done conservative treatment and Xray was negative. Steroids and muscle relaxants have not helped much. She is stil; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | left lower lobe nodule 8mm non calcified; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | MASS ON THE SUPERIOR LOBE RESULTS FROM THE ABNORMAL CHEST X-RAY; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Ms. HOOD presents with cough. This has been a problem for the past several years. There are no associated symptoms; in particular, she denies hemoptysis, productive sputum and wheezing. It seems worse with eating, talking, laughing, and exposure to smo; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient had a chest xray that showed a lung mass in the right lung. Patient also has a chronic cough. He is a heavy smoker.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient had COVID and is still having chest pain.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has a right anterior 8th rib fracture.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | patient has an oropharyngeal mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient thinks she is having a flare up of her COPD, having shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Persistent cough, R05;Duration of Symptoms;2 weeks;Start;;Physical Exam Findings;;Preliminary Procedures Already Completed;;Scoped Procedures / Referrals;;Other;;Medications;;Duration of Medications;;Reason for Study ;(REQUIRED);: rule out br; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | pleuritic pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Pt coughing up blood, and has 40+ year history of smoking. Past history of Aspergillus.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | pt had a Chest CT on 7/17/2020 which showed a 4 mm pulmonary nodule in the left lower lobe dating back to 2017.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | pulmonary air trapping; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Respiratory infection; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Right Sided chest pain - R07.9 ;Duration of Symptoms: ;Start;;Physical Exam Findings: Chest pain described as above the nipple under the collar bone, shifts from aching to sharp pain;when taking a deep breath or laughing. Says it is negativley affecti; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | SOB on exertion;;--seems like acute for 2 days.;--not in distress in clinic.;--previous cxr- mild hyperinflation- PFT ordered. Repeat cxr;;-BNP, echo ordered to r/o CHF;;-EKG no acute finding;;-Since she has SOB of short duration without fever, chil; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/13/2021; There has been treatment or conservative therapy.; SOB;MILD HYPERINFLATION;PREVIOUSLY HAD COVID; SOB on exertion;;--seems like acute for 2 days.;--not in distress in clinic.;--previous cxr- mild hyperinflation- PFT ordered. Repeat cxr;;-BNP, echo ordered to r/o CHF; ECHO CCOMPLETED 6/25.;--EKG no acute finding;;-Since she has SOB of short durat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Spinal arthrodesis present and pain in thoracic spine.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; There has not been any treatment or conservative therapy.; 30 pound weight loss last 1-2 months, falling, rib pain, family history of Paget's Disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; There has not been any treatment or conservative therapy.; weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; it is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | uploaded clinical and previous imaging; This study is being ordered for a neurological disorder.; uploaded clinical and previous imaging; There has been treatment or conservative therapy.; uploaded clinical and previous imaging; uploaded clinical and previous imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Will fax clinicals; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | WILL FAX RECORDS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | chest x-ray showed a calcified left lymph node and a calcified granuloma in left lung base; with her history of smoking it is advisable to have a low dose CT scan; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | CT LUNG SCREENING Baseline;Cigarette nicotine dependence in remission; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Elevation of blood pressure, chest tightness, tremors, shortness of breath, dizziness, feel like she going to pass out at times, heart is racing; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | C-Spine Xray reveals curvature of C-Spine and degenerative changes. Bone spur. Patient with prior C-Spine surgery.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Checking for spine fractures since the pain has not eased; This study is being ordered for trauma or injury.; 9/3/2021; There has been treatment or conservative therapy.; Pain throughout spine ;Headache and gait interruptions; Pain medication;Rest ;Hospital x-rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/06/2021; There has not been any treatment or conservative therapy.; headaches, dizziness, and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | General stiffness, swelling to bilateral ankles.; This study is being ordered for trauma or injury.; 09/26/21; There has not been any treatment or conservative therapy.; Back pain, neck pain, and headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | patient in car accident; This study is being ordered for trauma or injury.; 9-13-2021; There has been treatment or conservative therapy.; headache, neck pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...; The patient has had 3 or fewer follow-up Cervical Spine CTs. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc... | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for trauma or injury.; 8/26/2021; There has been treatment or conservative therapy.; pain from her cervical area all the way down to her lower back. unsteady gate, pain with bending, pain with extension and lateral bending, weakness with decreased muscle strength to all 4 extremities.; accident and injury center, chiropractor, xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | abnormal Xray showing Extensive posterior fusion changes of the thoracolumbar spine with a mild;levoscoliosis; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Checking for spine fractures since the pain has not eased; This study is being ordered for trauma or injury.; 9/3/2021; There has been treatment or conservative therapy.; Pain throughout spine ;Headache and gait interruptions; Pain medication;Rest ;Hospital x-rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | CHRONIC BACK PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 YEARS AGO; There has been treatment or conservative therapy.; PAIN BEGINS JUST R LATERAL OF HER LUMBAR SPINE AND "JUMPS" UP TO HER NECK EVENTUALLY CAUSING MIGRAINES; TYLENOL;TRAMADOL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/18/2021; There has not been any treatment or conservative therapy.; severe upper/lower back pain, numbness down leg, numbness down both arms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | General stiffness, swelling to bilateral ankles.; This study is being ordered for trauma or injury.; 09/26/21; There has not been any treatment or conservative therapy.; Back pain, neck pain, and headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Pt does have a history of spinal canal stenosis. She has pain at baseline in her back.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | She is still having low back pain which radiates down the back of the right thigh.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for trauma or injury.; 8/26/2021; There has been treatment or conservative therapy.; pain from her cervical area all the way down to her lower back. unsteady gait, pain with bending, pain with extension and lateral bending, weakness with decreased muscle strength to all 4 extremities.; accident and injury center, chiropractor, xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Checking for spine fractures since the pain has not eased; This study is being ordered for trauma or injury.; 9/3/2021; There has been treatment or conservative therapy.; Pain throughout spine ;Headache and gait interruptions; Pain medication;Rest ,Hospital x-rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | CHRONIC BACK PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 YEARS AGO; There has been treatment or conservative therapy.; PAIN BEGINS JUST R LATERAL OF HER LUMBAR SPINE AND "JUMPS" UP TO HER NECK EVENTUALLY CAUSING MIGRAINES; TYLENOL;TRAMADOL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for trauma or injury.; 06/18/2021; There has not been any treatment or conservative therapy.; severe upper/lower back pain, numbness down leg, numbness down both arms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | General stiffness, swelling to bilateral ankles.; This study is being ordered for trauma or injury.; 09/26/21; There has not been any treatment or conservative therapy.; Back pain, neck pain, and headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | None Given; This study is being ordered for trauma or injury.; 08/23/2021; There has not been any treatment or conservative therapy.; Patient has back and groin pain numbness and tingling ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; medrol,hydrocodone-acetaminophen; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; low back pain leg pain involving both legs present for some amount of months no injury or trauma. This pain does not awaken her from sleep she works full-time at McDonald's restaurant. She has noticed over the past few months discoloration of her legs no ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; low back pain which radiates down the back of the right thigh. middle of back hurting; 7/10. pain level. having right back/ hip pain which radiates down the lateral aspect of her leg to her knee. This is chronic.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness and pain going down right leg; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for trauma or injury.; 8/26/2021; There has been treatment or conservative therapy.; pain from her cervical area all the way down to her lower back. unsteady gate, pain with bending, pain with extension and lateral bending, weakness with decreased muscle strength to all 4 extremities.; accident and injury center, chiropractor, xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; 07/23/2021; There has been treatment or conservative therapy.; peripheral neuropathy in bil feet; patient has seen a podiatrist and had a nerve conduction study and has been treated with meds; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has not been any treatment or conservative therapy.; ; ; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | 08/05/2021; There has not been any treatment or conservative therapy.; Pain in right arm and leg tingling down the body, slurred speech, positive Sterling test on right side increased headaches; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | elevated liver enzymes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient fell a couple of months ago; There has not been any treatment or conservative therapy.; Patient presents today with complaint of cervical neck pain after a fall several months ago. She reports she began to develop numbness and tingling in her fingers earlier this week.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; pain in cervical and lumbar; exercises, OTC medications; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. 06/2021; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown There has been treatment or conservative therapy.; pain; medicine PT home exercise; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain; meds PT Home exercises; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | headaches numb and heavy hands pain radiating down right leg muscle spasms; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | patient had a bike accident early April where she went over the front handlebars and the handlebar landing on her back ;She states that late April early May started developing numbness and tingling in her upper extremities that occurs throughout the day ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has tried and failed many forms of treatment. Neurosurgery needs MRI's to evaluate; 05/15/2021; There has been treatment or conservative therapy.; pain, radiculopathy, paresthesia; Physical therapy, at home excercises, otc and rx treatment; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient thinks she has a ruptured disc in her neck, she has neck pain going all the way down arm making little finger numb. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | right neck along mastoid process c-spine tender to palpitation with swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 12 years of chronic pain with swelling of anterior neck and over mastoid; There has been treatment or conservative therapy.; neck and posterior head pain with swelling; tylenol and ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | She was told at one time she needed surgery on her back but was to young to have it. ;;She is willing to have surgery to relieve the pain is now having in her back and neck; 3/15/2021 for neck and shoulder pain;;back pain is chronic, patient was being seen by pain treatment but was discharged and now is needing to be referred to a new treatment center; There has been treatment or conservative therapy.; continued pain in neck, back, and legs.; Patient has taken pain meds, muscle relaxers, NSAIDS, completed 2 months of physical therapy; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Stiffness through back especially mid to lower back pain worse with rotation and bending. Shooting pain in midback down spine. Abnormal Very stiff getting up and off table and stiffness with walking as well.; This study is being ordered for Congenital Anomaly.; Patient is a 17-year-old female that has long-term history of back pain that just continues to worsen. Patient has pain in her mid back and lower back that shoots down her spine feeling like an electric shock at times. He can cause weakness that goes into; There has been treatment or conservative therapy.; Stiffness through back especially mid to lower back pain worse with rotation and bending. Shooting pain in midback down spine. Abnormal Very stiff getting up and off table and stiffness with walking as well. Xray showing mild scoliosis.; Patient has been compliant with all treatments, including physical therapy and medications, with no relief to worsening symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Suspect spinal stenosis or bad disk in c-spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2021; There has been treatment or conservative therapy.; neck pain ;right side face numb;shoulder pain; Lyrica 75 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; It is not known if the pain began within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; It is not known if the pain began within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 27 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for suspected tumor | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is for a MVA - Strain of the Lumbar region and neck muscle; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 YEARS AGO; There has been treatment or conservative therapy.; NECK PAIN RADIATES DOWN TO RIGHT ARM HANDS ARE WEAK DROPS THINGS DUE TO WEAKNESS IN RIGHT HANDE BACK PAIN RADIATES TO RIGHT PRIMARLY ABOVE THE KNEE GIVES HIM ISSUES WANTS DUE TO ISSUES; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Givehronic Nonmalignant Pain Goal: to reduce pain by 20-40 % while on current regimen. To monitor the PMP with each rx filled. Will monitor rx conversion, MME/D and keep this under 50. Ex; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONGOING NECK AND BACK PAIN, PATIENT WENT TO ER 6/27/21; There has been treatment or conservative therapy.; NECK PAIN WITH SCOLIOSIS, BACK PAIN, RIGHT SIDED RADICULAR PAIN UPPER AND LOWER EXT. PRESENT GREATER THAN 12 MOS; PHYSICAL THERAPY AND MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; There has been treatment or conservative therapy.; patient is having pain; patient has had medication, home excise, physical therapy; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; There has not been any treatment or conservative therapy.; difficulty remembering or forgetting what he wants to say,difficulty focusing on items with eyesight, neck pain radiating down into bilateral uuper extremities into hand and is unable to grip at times; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 10, 2020; There has been treatment or conservative therapy.; Swelling, pain that radiates; Home exercises from doctor, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; unknown; There has been treatment or conservative therapy.; cervical pain ;and;Lumbar pain; Physical therapy and medication; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | unknown.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | uploaded clinical and previous imaging; This study is being ordered for a neurological disorder.; uploaded clinical and previous imaging; There has been treatment or conservative therapy.; uploaded clinical and previous imaging; uploaded clinical and previous imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | xray positive for DDD; 1993; There has been treatment or conservative therapy.; neck and lumbar spine pain ongoing for years since whiplash at age 13 after a MVA, increased with bending. History of Peptic ulcer disease, can not handle NSAIDs - but has tried them in the past; spinal injections, steroids, NSAIDs, lidocaine patches,; This study is being ordered for Pre Operative or Post Operative evaluation, The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; 01/25/2019; There has been treatment or conservative therapy.; Back pain with left leg sciatica; Prescription therapy, anti-inflammatory meds, home based exercise program.; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | chronic low back pain; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Due to her rapid onset profound BUE and BLE weakness the patient has been unable to move well in her house even with a walker to accomplish eating, bathing and moving from room to room. I manual wheelchair will be helpful in accomplishing these tasks.; This study is being ordered for a neurological disorder.; 06/2021; There has been treatment or conservative therapy.; Pt c/o progressive profound muscle weakness to the point of inability to walk and dropping items over the last 3 weeks. She has had multiple fall since that time. ;She does have an altered sense of feeling with inability to tell wear her extremities are ; Patient cannot walk. She is being referred for wheelchair; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. 08/19/2021; There has been treatment or conservative therapy.; Back Pain; Fatigue; weakness, numbness; bi-lat upper/lower extremities; difficulty; vision changes; slurred speech, difficulty standing; muscle spasms;; Medications; HEP; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown There has been treatment or conservative therapy.; pain; medicine PT home exercise; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain; meds PT Home exercises; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Medication is not working need to consider if surgery is needed; 7/30/2019; There has been treatment or conservative therapy.; Back pain ;leg numbness; Pain management;Exercise;Physical therapy before medication;Over the counter medication ;Prescribed medications; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Patient thinks she has a ruptured disc in her neck, she has neck pain going all the way down arm making little finger numb.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | PET Scan showed Mildly FDG avid small left retrocrural/paravertebral lymph node adjacent at level of T10 also concerning for a metastatic lymph node.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Pt was in an accident , has done PT with no benefit continued pain and discomfort; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | She states that late April early May started developing numbness and tingling in her upper extremities that occurs throughout the day but is more exaggerated when she rides a bike she will feel pain tingling numbness going down her arm into the pinky fing; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Stiffness through back especially mid to lower back pain worse with rotation and bending. Shooting pain in midback down spine. Abnormal Very stiff getting up and off table and stiffness with walking as well.; This study is being ordered for Congenital Anomaly.; Patient is a 17-year-old female that has long-term history of back pain that just continues to worsen. Patient has pain in her mid back and lower back that shoots down her spine feeling like an electric shock at times. He can cause weakness that goes into; There has been treatment or conservative therapy.; Stiffness through back especially mid to lower back pain worse with rotation and bending. Shooting pain in midback down spine. Abnormal Very stiff getting up and off table and stiffness with walking as well. Xray showing mild scoliosis.; Patient has been compliant with all treatments, including physical therapy and medications, with no relief to worsening symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Acetaminophen with codeine; gabapentin; duloxetine HCl; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; worsening; severe (8-10); interference with sleep; interference with work;sharp;Left side is where the majority pain is coming from. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Pt is having severe pain that is radiating down his back from the thoracic region ;Xray was preformed and it showed DDD of the thoracic region and we need to proceed with MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Will upload clinicals. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Medication;Has tried physical therapy but was worsening with it. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; WEAKNESS IN THORACIC SPINE AREA THAT IS SEVERE WITH BURNING AND NEUROPATHIC PAIN, NUMBNESS AND TINGLING AND IRRITATION | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PASSE Total Care is patient's SECONDARY insurance. Both of these procedures have been approved by her PRIMARY insurance Blue Cross Blue Shield. We need approval from her secondary insurance. ;BACK: full range of motion, no costovertebral angle tenderness; There has been treatment or conservative therapy.; Date of initial onset:: PASSE Total Care is patient's SECONDARY insurance. Both of these procedures have been approved by her PRIMARY insurance Blue Cross Blue Shield. We need approval from her secondary insurance. BACK: full range of motion, no costover; Medications; physical therapy and has been to pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; 01/25/2019; There has been treatment or conservative therapy.; Back pain with left leg sciatica; Prescription therapy, anti-inflammatory meds, home based exercise program.; This study is being ordered for Inflammatory / Infectious Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; 07/23/2021; There has been treatment or conservative therapy.; peripheral neuropathy in bil feet; patient has seen a podiatrist and had a nerve conduction study and has been treated with meds; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07-14-2021; There has been treatment or conservative therapy.; severe low back and hip pain , the pain is quite severe and she is having shooting pain from her coccygeal region down the right hip and down into the right leg; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | chronic low back pain; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; pain in cervical and lumbar; exercises, OTC medications; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. 06/2021; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. >unknown; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given > unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown if No Info Given >unknown; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given > PT, HOME Exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | headaches numb and heavy hands pain radiating down right leg muscle spasms; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Low back pain, pain in right knee; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Medication is not working need to consider if surgery is needed; 7/30/2019; There has been treatment or conservative therapy.; Back pain ;leg numbness; Pain management;Exercise;Physical therapy before medication;Over the counter medication ;Prescribed medications; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | NEW PAIN SINCE FALL THIS PAST YEAR PT NOW HAS DIZZINESS, AND BACK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has tried and failed many forms of treatment. Neurosurgery needs MRI's to evaluate; 05/15/2021; There has been treatment or conservative therapy.; pain, radiculopathy, paresthesia; Physical therapy, at home excercises, otc and rx treatment; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | PET Scan showed Mildly FDG avid small left retrocrural/paravertebral lymph node adjacent at level of T10 also concerning for a metastatic lymph node.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Pt was in an accident , has done PT with no benefit continued pain and discomfort; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | referral to surgeon MRI needs to be performed before hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01012020; There has been treatment or conservative therapy.; Low back pain / Hip pain and sciatica; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | She states that late April early May started developing numbness and tingling in her upper extremities that occurs throughout the day but is more exaggerated when she rides a bike she will feel pain tingling numbness going down her arm into the pinky fing; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | She was told at one time she needed surgery on her back but was too young to have it. ;;She is willing to have surgery to relieve the pain is now having in her back and neck; 3/15/2021 for neck and shoulder pain;;back pain is chronic, patient was being seen by pain treatment but was discharged and now is needing to be referred to a new treatment center; There has been treatment or conservative therapy.; continued pain in neck, back, and legs.; Patient has taken pain meds, muscle relaxers, NSAIDS, completed 2 months of physical therapy; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 88 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 22 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 40 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 50 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This is for a MVA - Strain of the Lumbar region and neck muscle; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 YEARS AGO; There has been treatment or conservative therapy.; NECK PAIN RADIATES DOWN TO RIGHT ARM HANDS ARE WEAK DROPS THINGS DUE TO WEAKNESS IN RIGHT HANDE BACK PAIN RADIATES TO RIGHT PRIMARLY ABOVE THE KNEE GIVES HIM ISSUES WANTS DUE TO ISSUES; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Givehronic Nonmalignant Pain Goal: to reduce pain by 20-40 % while on current regimen. To monitor the PMP with each rx filled. Will monitor rx conversion, MME/D and keep this under 50. Ex; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONGOING NECK AND BACK PAIN, PATIENT WENT TO ER 6/27/21; There has been treatment or conservative therapy.; NECK PAIN WITH SCOLIOSIS, BACK PAIN, RIGHT SIDED RADICULAR PAIN UPPER AND LOWER EXT. PRESENT GREATER THAN 12 MOS; PHYSICAL THERAPY AND MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; unknown; There has been treatment or conservative therapy.; cervical pain ;and;Lumbar pain; Physical therapy and medication; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | xray positive for DDD; 1993; There has been treatment or conservative therapy.; neck and lumbar spine pain ongoing for years since whiplash at age 13 after a MVA, increased with bending. History of Peptic ulcer disease, can not handle NSAids - but has tried them in the past; spinal injections, steroids, NSAids, lidocaine patches.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | None Given; This study is being ordered for trauma or injury.; 08/23/2021; There has not been any treatment or conservative therapy.; Patient has back and groin pain numbness and tingling .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | HAS SCOLLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; PAIN ON SCALE OF 9 TO 10 AND MUSCLE SPASM; PT EXERCISE AND MASSAGE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | RECENT CT ABDOMEN SHOWED A 3.6 CM ADRENAL MASS. PATIENT RECENTLY HAD APPENDICITIS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | referral to surgeon MRI needs to be performed before hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01012020; There has been treatment or conservative therapy.; Low back pain / Hip pain and sciatica; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/27/2018; There has been treatment or conservative therapy.; right side lower quadrant abdominal pain; deep discomfort in the right lower quadrant to pelvis that is not present on abdominal wall tension. He also has an area in the right lower quadrant over his old scar that we have injected before the does have s; COLONOSCOPY, ULTRASOUND, XRAY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | vaginal bleeding; will check cbc, along with estrogen, progesterone, and testosterone. she sees gynecologist. advised to follow-up with them asap, she reports history of abnormal pap smear. She states she will consider f/u with them.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73200 Computed tomography, upper extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; november; There has been treatment or conservative therapy.; pain, decrease rom, numbness and tingling.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Elbow pain, chronic, epicondylitis suspected, nondiagnostic xray ;Elbow pain, chronic, collateral ligament tear suspected, mechanical symptoms, ;Elbow pain, chronic, bursitis suspected, nondiagnostic xray done 7/23/21;;throwing injury happened a few y; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Evaluation of dizziness and left shoulder pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Heard pop in inner right arm while lifting a golfcart at work.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | HPI;both shoulders are hurting;Hurt left hand and was told that if swelling did not go down he might need surgery.;Has had injections to shoulders many years ago he states.;Right shoulder is slightly worse than the left;Shoulders have been hurting fo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years; It is not known if there has been any treatment or conservative therapy.; HPI;both shoulders are hurting;Hurt left hand and was told that if swelling did not go down he might need surgery.;Has had injections to shoulders many years ago he states.;Right shoulder is slightly worse than the left;Shoulders have been hurting fo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | LIMITED range of motion R SHOULDER EFFUSION moderate to large, with crepitus and cracking over extremes of flexion and extension. Rotation is painful and range of motion is limited partially due to capsular tendon secondary to the SHOULDER effusion. KNEE ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | MRI SHOULD WO CONTRAST BILATERAL; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2021; There has not been any treatment or conservative therapy.; Pain, swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient has had no improvement with conservative treatment and physical therapy; This study is being ordered for a neurological disorder.; July 2, 2021; There has been treatment or conservative therapy.; Right arm weakness, paresthasias, pain; Physical Therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient is in extreme pain in her left elbow area making it difficult to perform ADL's.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient thinks she has a ruptured disc in her neck, she has neck pain going all the way down arm making little finger numb.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Suspect spinal stenosis or bad disk in c-spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2021; There has been treatment or conservative therapy.; neck pain ;right side face numb;shoulder pain; lyrica 75 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received medication other than joint injections(s) or oral analgesics.; NSAIDS, PAIN RELIEVERS OTC ANALGESICS, AT HOME REMEDY:CIPRO 500MG BID AOFRAN ODT 4 MG Q6 ACYCLOVIR 800MG TID | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; medications 6 weeks no change; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; Vitamin D for joint/bone;Vitamin C;Nsaid;iron tablets for inflammation prevention;;heating pad | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; still c/o pain in shoulder.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; acetaminophen-codeine 36mg | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Unknown.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; Medrol Dose Pack | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/21; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 10, 2020; There has been treatment or conservative therapy.; Swelling, pain that radiates; Home exercises from doctor, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | unknown.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | No improvement of symptoms after conservative treatment. x-rays show swelling after a month of treatment; This study is being ordered for trauma or injury.; 7/12/21, There has been treatment or conservative therapy.; ; anaprox, aircast, non-weight bearing and x-rays.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | PATIENT HAD SPIDER BITE ON RIGHT LEG AND ITS NOT INFECTED AND HAS AN ABSCESS AND THIS NEEDS TO BE DONE URGENTLY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the lower extremity. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 5 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; JUNE 29,2021; There has been treatment or conservative therapy.; ; pain meds and muscle relaxer and some steroids ibuprofen ;8/9/21 1ST PHYSICAL THERAPY VISIT. PLAN incl heat /ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Denervation atrophy of muscle; This study is being ordered for Vascular Disease.; Denervation atrophy of muscle; There has been treatment or conservative therapy.; Denervation atrophy of muscle; Denervation atrophy of muscle; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | LIMITED range of motion R SHOULDER EFFUSION moderate to large, with crepitus and cracking over extremes of flexion and extension. Rotation is painful and range of motion is limited partially due to capsular tendon secondary to the SHOULDER effusion. KNEE ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Low back pain, pain in right knee; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain., The study is being ordered for acute pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; It is not known if a plain x-ray of the area has been done.; The patient has NOT had any abnormal lab studies. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 9 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07-14-2021; There has been treatment or conservative therapy.; severe low back and hip pain , the pain is quite severe and she is having shooting pain from her coccygeal region down the right hip and down into the right leg; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; JUNE 29,2021; There has been treatment or conservative therapy.; ; pain meds and muscle relaxer and some steroids ibuprofen ;8/9/21 1ST PHYSICAL THERAPY VISIT. PLAN incl heat /ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. >unknown; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given > unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >unknown; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given > PT, HOME Exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | referral to surgeon MRI needs to be performed before hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01012020; There has been treatment or conservative therapy.; Low back pain / Hip pain and sciatica; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s) | Radiology Services Denied Not Medically Necessary | Previous MRI on 08/4/21 Showed local high grade cartilage fisher in R hip with mild subchondral marrow edema. Mild Right gluteus minimus and Medius tendinopathy.Having pain in R hip with difficulty ambulating. Ordered by Orthopedic surgeon. Referred back; Is this a request for one of the following? MR Angiogram lower extremity | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | 08-10-2021The discomfort is located primarily in the R side, axillary. There is no radiation. The pain initially began 4 days ago. ;08-17-2021 Patient also stated that he had a bad spout of pain last night and almost called an ambulance.;Concerning ; This study is being ordered for Inflammatory/ Infectious Disease.; Friday 08-06-2021 no relief from the steroids ;Patient also stated that he had a bad spout of pain last night and almost called an ambulance 08-17-2021;PT SAID PAIN WAS SEVERE LAST PM ON RIGHT SIDE, BELOW RIB CAGE. STILL HURTING TODAY BUT SEEMS TO MOVE; There has been treatment or conservative therapy.; Right sided Chest pain with slight ttp, shortness of breath, Upper abdominal Pain, Nausea and vomiting, fever unspecified ;;Covid test negative; Medications;Oral Steroids;ProAir inhaler;Covid testing;X-Ray Patient has pleural effusion ;;08-17-2021 Patient also stated that he had a bad spout of pain last night and almost called an ambulance.. ;;08-18-2021 PT SAID PAIN WAS SEVERE LAST PM ON ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | Chest xray did not show anything,. Patient having chest and upper abdomen pain mainly on the left side. Family hx of breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 08/02/2021; There has been treatment or conservative therapy.; Right upper quadrant pain. Chest wall persistent pain not improving; Steroid injections, muscle relaxers, pain med.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | Has been having trouble with a cough and mucus x 2 months after being sick. Is a smoker and has a cough. Trying to see if the problem is a lung issue or a kidney issue with the patient also having left flank pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.;; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; Unknown; There has been treatment or conservative therapy.;; Right sided worsening, severe abdominal pain and overall weakness that provider wants to rule out possible stroke; Pt is worsening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | This is a request for CT Angiography of the Abdomen and Pelvis. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdomen. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.;; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; Antacids, dietary changes and proton pump inhibitor; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 02/26/2015; It is not known if there has been any treatment or conservative therapy.; lung nodule seen on imaging, COPD, Chronic hoarseness; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 4/14/21; There has been treatment or conservative therapy.; weight loss, digestive issues, fatigue, cough, abdominal pain, vitamin b12 deficiency, epigastric pain; referred to dietician, labs, psych evaluation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 8-10-21; It is not known if there has been any treatment or conservative therapy.; Worsening epigastric upper quad, nausea, vomiting, unintentional weight loss.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 9/2021; There has not been any treatment or conservative therapy.; black diarea, nausea, vomiting, weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Chest pain, SOB on mild exertion and history of aortic rupture.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | elevated liver enzymes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient fell a couple of months ago; There has not been any treatment or conservative therapy.; Patient presents today with complaint of cervical neck pain after a fall several months ago. She reports she began to develop numbness and tingling in her fingers earlier this week.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Flank pain, suspected kidney stone.;Fracture in lumbar spine at L1 level.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Will fax in clinical info; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal pelvic ultrasound; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; There has not been any treatment or conservative therapy.; 30 pound weight loss last 1-2 months, falling, rib pain, family history of Paget's Disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; There has not been any treatment or conservative therapy.; weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/27/2018; There has been treatment or conservative therapy.; right side lower quadrant abdominal pain; deep discomfort in the right lower quadrant to pelvis that is not present on abdominal wall tension. He also has an area in the right lower quadrant over his old scar that we have injected before the does have s; COLONOSCOPY, ULTRASOUND, XRAY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 74185 Magnetic resonance angiography, abdomen, with or without contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a MR Angiogram of the abdomen. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Radiology Services Denied Not Medically Necessary | Viral myocarditis; evaluate myocardium after myocarditis March 2021; evaluate TR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 1/30/2021; There has been treatment or conservative therapy.; severe leg pain not responding to treatment; anti inflammatory, lyrica, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdominal arteries. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Acute coronary syndrome (HCC);R07.9 (ICD-10-CM) - Chest pain, unspecified type; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Family history of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Hypertenstion, Cardiomegaly and Hyperlipedemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 28, 2021; There has been treatment or conservative therapy.; ; Medication and EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | pt having chest pain and shortness of breath. Current every day smoker, family hx of heart disease; BMI over 30; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Will upload clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Worsening exertional dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease. Annual follow up of congenital heart disease or Evaluation of change of clinical status. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/2021; There has not been any treatment or conservative therapy.; A new heart murmur, swelling lymph nodes in neck, history of non Hodgkin's lymphoma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 7/30/21; There has been treatment or conservative therapy.; Chest pain and SOB; EKG was abnormal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | General/Family Practice | Withdrawal | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; a month ago; There has been treatment or conservative therapy.; cant look up; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; a month ago; There has been treatment or conservative therapy.; cant look up; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 71250 Computed tomography, thorax; without contrast material | 08/11/2021; It is not known if there has been any treatment or conservative therapy.; 40 lbs weight loss in a year Appetite is poor despite of taking mirtazapine 15 mg Feels fatigued and tired have anemia Could be some malignancy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Dyspnea on exertion; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 08/11/2021; It is not known if there has been any treatment or conservative therapy.; 40 lbs weight loss in a year Appetite is poor despite of taking mirtazapine 15 mg Feels fatigued and tired have anemia Could be some malignancy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | October 2020; There has been treatment or conservative therapy.; Nausea, abdominal pain, change in bowel habits, 20 lb unintentional weight loss; Ensure, appetite building.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | | This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Geriatrics | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | 4/7/21; There has been treatment or conservative therapy.; Malignant neoplasm of exocervix; UAMS OP GYN CISPLATIN WEEKLY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | 8/12/21; There has not been any treatment or conservative therapy.; DYSFUNCTIONAL UTERINE BLEEDING, SYNCOPE AND COLLAPSE; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 72192 Computed tomography, pelvis; without contrast material | The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Neoplasm: cervix ;At least stage IVB SCC of cervix; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 03/05/2020; There has been treatment or conservative therapy.; ; Radiation Oncology;Cisplatin; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 4/7/21; There has been treatment or conservative therapy.; Malignant neoplasm of exocervix; UAMS OP GYN CISPLATIN WEEKLY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 8/12/21; There has not been any treatment or conservative therapy.; DYSFUNCTIONAL UTERINE BLEEDING, SYNCOPE AND COLLAPSE; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; metastatic breast cancer, cardiotoxic chemo | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 78813 Positron emission tomography (PET) imaging; whole body | Neoplasm: cervix ;At least stage IVB SCC of cervix; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary ; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Gynecologic Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | | Please schedule CT H/N/C/A/P to be done 3 months from his last scans, compare to prior scans. Dates: 4/28/21f No Info Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 24 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | 2 years post therapy for Nasal NK/T-cell Lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | continued evaluation and management of CLL; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | further evaluation of Tongue Cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | head and neck cancer RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | initial staging of lymphocytic leukemia and cll/sll; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | Malignant neoplasm of head, face and neck;;Metastatic Squamous Cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | Please schedule CT H/N/C/A/P to be done 3 months from his last scans, compare to prior scans. Dates: 4/28/21f No Info Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | surveillance NON-Hodgkin's lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 23 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | to rule out disease progression; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Malignant neoplasm of tonsil, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ACUTE NEW ONSET HEADACHES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Brain metastases, monitor; Non-small cell lung cancer (NSCLC), metastatic, assess treatment response; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | for evaluation of recurrent metastatic breast cancer with skin metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | HEADACHE, NSCLC; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Monitoring of lesions found on previous scans. Patient has metastatic involvement with lung and bone.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | newly dx lung ca. new ha; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Pt has newly dx lung cancer, needing staging scans.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | rt testicular cancer, complete staging, rule out metastatic disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Solitary pulmonary nodule; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | The patient is needing a PET scan and a MRI for observation on the findings from his last CT which showed a masslike consolidation within the right upper lobe.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. | 46 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | ; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | ; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 1.6CM SPICULATED RUL NODULE MOST COMPATIBLE WITH PRIMARY LUNG NEOPLASM; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 2 years post therapy for Nasal NK/T-cell Lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 3 MONTH FOLLOW UP SOLITARY PULMONARY NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 6 MONTH FOLLOW UP OF LUNG NODULES SEEN ON CT 2/4/21; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 8 mm noncalcified nodule in the right middle lobe, lung RADS category 4A.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | 10/27/2020; There has been treatment or conservative therapy.; hyperlipidemia, hypertension, benign prostatic hypertrophy, fatigue, low energy and back pain; chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 71 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | abnormal bruising; former smoker; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal CT; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | continued evaluation and management of CLL; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | CT Lung Cancer Screen on 6-21-2021 showed new, multifocal solid and semisolid pulmonary nodules bilaterally. These are technically Lung RAD 4, they are felt to likely reflect an infectious/inflammatory process, although malignancy cannot be entirely exclu; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | CT DONE IN MARCH SHOWED NODULES THAT NEED TO BE CHECKED; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | CT scan of the chest with contrast to assess the status of his metastases OF Anaplastic thyroid carcinoma; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | FOLLOW-UP ON METS SECONDARY TO MALIGNANT NEOPLASM OF COLON, LIVER AND INTRAHEPATIC BILE DUCT, AND LUNG.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | further evaluation of Tongue Cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | head and neck cancer RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | History of hodgkin lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | hx of granulosa cell tumor on ovary; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | initial staging of lymphocytic leukemia and clI/sII; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Lung rads category 4a-S. 9 mm right middle lobe nodule. Recommend continued annual CT lung screening. Chronic interstitial lung disease, mild-to-moderate pulmonary emphysema, and dilatation ascending thoracic aorta 4.5 cm; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | lymphadenopathy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Monoclonal gammopathy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Patient also has lung nodules that need to be followed up on; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Please schedule CT H/N/C/A/P to be done 3 months from his last scans, compare to prior scans. Dates: 4/28/21f No Info Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Post therapy completion of B-Cell lymphoma patient, quarter scans to check for remission; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | Post therapy follow up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | prior study showed right middle lobe nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | pt with hx lung nodule several years ago that was never f/u with additional imaging. Has cough; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | rt testicular cancer, complete staging, rule out metastatic disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | surveillance NON-Hodgkin's lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | The last chest CT was performed within the last 6 months.; There is no radiologic evidence of non-resolving pneumonia.; To follow up on right lymphadenopathy.; The patient is NOT presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy | 37 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 53 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 199 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 20 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 29 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 41 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71250 Computed tomography, thorax; without contrast material | to rule out disease progression; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72125 Computed tomography, cervical spine; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72125 Computed tomography, cervical spine; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72128 Computed tomography, thoracic spine; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72128 Computed tomography, thoracic spine; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72131 Computed tomography, lumbar spine; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72131 Computed tomography, lumbar spine; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72131 Computed tomography, lumbar spine; without contrast material | worsening pain, sacral. POSSIBLE METASTATIC DISEASE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Known Tumor with or without metastasis | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72192 Computed tomography, pelvis; without contrast material | The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72192 Computed tomography, pelvis; without contrast material | worsening pain, sacral. POSSIBLE METASTATIC DISEASE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Evaluation and management of: Squamous cell of the skin and vulva;History of Present Illness;Mrs. Patterson comes in today with reports of vaginal dryness. ;She is also here for follow up for squamous cell carcinoma. She completed weekly Carboplatin on; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Hx of Lymphoma of Cervix / Abnormal Pap Smear; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | hypermetabolic of prostate; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Malignant neoplasm of left kidney, except renal pelvis; Malignant neoplasm of rectum; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Malignant neoplasm of rectosigmoid junction; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Malignant neoplasm of rectum; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | RECTAL CANCER NEW ONSET NUMBNESS OF LEFT THIGH; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | rectal cancer; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An Ultrasound showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 10 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Lymphadenopathy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 7/16/2021; There has not been any treatment or conservative therapy.; ABNORMAL SCANS; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 10/27/2020; There has been treatment or conservative therapy.; hyperlipidemia, hypertension, benign prostatic hypertrophy, fatigue, low energy and back pain; chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | continued evaluation and management of CLL; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | FOLLOW-UP ON METS SECONDARY TO MALIGNANT NEOPLASM OF COLON, LIVER AND INTRAHEPATIC BILE DUCT, AND LUNG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | History of hodgkin lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | hx of granulosa cell tumor on ovary; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | initial staging of lymphocytic leukemia and cl/sll; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Please schedule CT H/N/C/A/P to be done 3 months from his last scans, compare to prior scans. Dates: 4/28/21f No Info Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Post therapy completion of B-Cell lymphoma patient, quarter scans to check for remission; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Post therapy follow up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | surveillance NON-Hodgkin's lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy | 37 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 53 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 198 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 20 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 37 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 19 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | to rule out disease progression; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 5 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 4 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is presenting new signs or symptoms. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | This is a request for a heart or cardiac MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Patient is considered high risk has personal history of radiation and Hodgeman's Lymphoma; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This request is for initial staging of breast cancer; This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; ABNORMAL EKG | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Ms. Fisher is a very young woman with ER negative, HER-2 positive breast cancer diagnosed in April 2018. She had axillary nodes by PET, nothing else. She had chemo/Perjeta/Herceptin, and then Perjeta/Herceptin alone. She finished last May. No evidence of | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; evaluate AND ESTABLISH BASELINE EJECTION FRACTION prior to administration of cardiotoxic chemotherapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; NEED BASELINE PRIOR TO START OF CHEMO | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; newly dx with breast cancer awaiting chemo | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | for evaluation of recurrent metastatic breast cancer with skin metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Malignant neoplasm of tonsil, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Pt has newly dx lung cancer, needing staging scans.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | The patient is needing a PET scan and a MRI for observation on the findings from his last CT which showed a masslike consolidation within the right upper lobe.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Baseline evaluation before chemo; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | CARDIOTOXIC CHEMOTHERAPY. NEED ECHO TO CHECK LVF PRIOR TO STARTING CHEMO; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | chemo treatment; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | chemo; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | echo before treatment; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Pericardial Effusion; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | pt in chemo - needing to re evaluate; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | PT STARTING CHEMOTHERAPY TX. DR NEEDING TO EVALUATE HEART BEFORE STARTING CHEMO. CARDIOTOXIC DRUG WILL BE GIVEN.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up). | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | To evaluate left ventricular ejection fraction for adriamycin; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | WITHOUT CHEMO, DISEASE STARTED TO RELAPSE BASED ON CT-CHEST OF 8-25-21. RECOMMEND HER-2 TARGETED THERAPY FOR HER-2 POSITIVE DISEASE. RECOMMEND FOLFOX WITH HERCEPTIN. FIRST CYCLE, HOLD OXALIPLATIN TO ALLOW NEUROPATHY TO IMPROVE. LAST LVEF IS 45%, NEED ECHO; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | RESTAGING OF follicular lymphoma;PERSONAL HISTORY OF NON-HODGKINS LYMPHOMA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 7/16/2021; There has not been any treatment or conservative therapy.; ABNORMAL SCANS; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | RESTAGING OF follicular lymphoma;PERSONAL HISTORY OF NON-HODGKINS LYMPHOMA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | RESTAGING OF follicular lymphoma;PERSONAL HISTORY OF NON-HODGKINS LYMPHOMA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Radiology Services Denied Not Medically Necessary | This is a request for a heart or cardiac MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply | Radiology Services Denied Not Medically Necessary | ; This is a request for an MRI Bone Marrow. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | Radiology Services Denied Not Medically Necessary | This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; It is not known if the patient had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; It is not known if there are documented clinical findings consistent with a congenital abnormality.; Heart failure, follow up ;Pre-chemo | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | Neoplasm: colorectal; Evaluate for progression of metastatic colon cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | Malignant neoplasm of head, face and neck;;Metastatic Squamous Cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | Neoplasm: colorectal; Evaluate for progression of metastatic colon cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hematologist/Oncologist | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | ; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 72192 Computed tomography, pelvis; without contrast material | | ; This study is being ordered as a follow-up to trauma.; It is not known if there is laboratory or physical evidence of a pelvic bleed.; It is not known if there are physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | fax clinical; 08/11/2021; There has been treatment or conservative therapy.; general weakness, numbness; occupational, and physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Hospital | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | fax clinical; 08/11/2021; There has been treatment or conservative therapy.; general weakness, numbness; occupational, and physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Industrial Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Industrial Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Industrial Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Industrial Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | Also test positive Blastomycoses androgen; This study is being ordered for Inflammatory/ Infectious Disease.; 07/28/2021; There has been treatment or conservative therapy.; Swelling in neck, swelling in lymph knobs. in the right lung Granulomatous calcination on the right and left lungs and partial abdominal area.; Labs and Biopsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 71250 Computed tomography, thorax; without contrast material | | Also test positive Blastomycoses androgen; This study is being ordered for Inflammatory/ Infectious Disease.; 07/28/2021; There has been treatment or conservative therapy.; Swelling in neck, swelling in lymph knobs. in the right lung Granulomatous calcination on the right and left lungs and partial abdominal area.; Labs and Biopsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 71250 Computed tomography, thorax; without contrast material | | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 71250 Computed tomography, thorax; without contrast material | follow up on lung infection; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 71250 Computed tomography, thorax; without contrast material | Pt. had a CT in the past and have a known nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | need imaging to continue with treatment and decide on next steps; unknown; There has not been any treatment or conservative therapy.; back pain. weakness at times, body aches.; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | need imaging to continue with treatment and decide on next steps; unknown; There has not been any treatment or conservative therapy.; back pain. weakness at times, body aches.; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Also test positive Blastomycoses androgen; This study is being ordered for Inflammatory/ Infectious Disease.; 07/28/2021; There has been treatment or conservative therapy.; Swelling in neck, swelling in lymph knobs. in the right lung Granulomatous calcination on the right and left lungs and partial abdominal area.; Labs and Biopsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Crohn's Disease.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 12/22/2020; There has not been any treatment or conservative therapy.; Review of Systems.;Review of Systems ;Constitutional: Positive for fatigue, fever and unexpected weight change. Negative for chills. ; + night sweats ;HENT: Positive for congestion. Negative for ear pain and sore throat. ;Eyes: Negative for pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 110.45 06/25/2021;120.81 04/22/2021;123.02 04/01/2021;123.2 03/16/2021; There has been treatment or conservative therapy.; Unintentional weight loss, feeling very weak and very fatigued; Patient has cut down on smoking from 2 pack per day to 1/2 pack day. Patient has been seeing Dr. Atkins and has tried different things.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or osseomyelitis, tendonitis, neuroma or plantar fasciitis. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 12/22/2020; There has not been any treatment or conservative therapy.; Review of Systems;;Review of Systems ;Constitutional: Positive for fatigue, fever and unexpected weight change. Negative for chills. ; + night sweats ;HENT: Positive for congestion. Negative for ear pain and sore throat. .Eyes: Negative for pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 110.45 06/25/2021;120.81 04/22/2021;123.02 04/01/2021;123.2 03/16/2021; There has been treatment or conservative therapy.; Unintentional weight loss, feeling very weak and very fatigued; Patient has cut down on smoking from 2 pack per day to 1/2 pack day. Patient has been seeing Dr. Atkins and has tried different things.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Infectious Diseases | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | ETD, dysfunction of eustachian tube - unspecified laterality, dizziness, fullness in ears & pain, surgeon recommendation, has tried oral & nasal steroids, OTC, continued pain and frequent infections; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient has seen a neurologist who believes she has had a cerebrovascular event while in the hospital recovering from surgery or during surgery; This study is being ordered for Vascular Disease., November 2020; It is not known if there has been any treatment or conservative therapy.; Patient woke up from hernia surgery 8 months ago and had dizziness that is constant and worse with bending down or looking up. She also has ataxia of gait; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient has seen a neurologist who believes she has had a cerebrovascular event while in the hospital recovering from surgery or during surgery; This study is being ordered for Vascular Disease., November 2020; It is not known if there has been any treatment or conservative therapy.; Patient woke up from hernia surgery 8 months ago and had dizziness that is constant and worse with bending down or looking up. She also has ataxia of gait; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | mandibular osteonecrosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/09/2021; There has not been any treatment or conservative therapy.; jaw pain left side, open wound, exposed bone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | patient has carotid stenosis and is now feeling lightheaded.; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | patient has carotid stenosis and is now feeling lightheaded.; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Patient has seen a neurologist who believes she has had a cerebrovascular event while in the hospital recovering from surgery or during surgery; This study is being ordered for Vascular Disease., November 2020; It is not known if there has been any treatment or conservative therapy.; Patient woke up from hernia surgery 8 months ago and had dizziness that is constant and worse with bending down or looking up. She also has ataxia of gait; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 25 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | unknown; This study is being ordered for a neurological disorder.; birth; There has been treatment or conservative therapy.; neck pain , bilateral tingling; medication , therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | ; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 9/27/2021; There has not been any treatment or conservative therapy.; Unknown; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 18 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Chest wall pain ;Dyspnea, chronic; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | chest wall pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Ct was 6/10 showed 4ml nodule right mid lung Patient is symptomatic, patient has a productive cough; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | dyspnea on exertion, hx of lung cancer; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | June 2014; There has been treatment or conservative therapy.; Lipids are up, pain left lower chest/epigastum, abdomen is soft, there is hepatomegaly, abdominal tenderness, significant hepatomegaly on exam, 12 cm total & 7 cm below the RCM; concurrent chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | LUNG NODULE FOLLOW UP EXAM; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | onset of symptoms, have been treated w/medications but those are not working.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient needs additional imaging to verify diagnosis and determine a treatment plan.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Pleurisy or effusion suspected patient has chest pain and shortness of breath; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | there was a 1.6 x 1.1 cm spiculated mass present in the right upper lung, "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | none; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 23 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 8 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72125 Computed tomography, cervical spine; without contrast material | Pt c/o constant pain in his neck and left shoulder, affecting his ROM. Pt c/o pain for the past month and worsening.; The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ,Bowel or bladder dysfunction, Evidence of new foot drop, etc... | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72131 Computed tomography, lumbar spine; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | unknown; This study is being ordered for a neurological disorder.; birth; There has been treatment or conservative therapy.; neck pain , bilateral tingling; medication , therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Lumbar pain - if this is related to the MVA, it is odd that it started 7-10 days after the crash, but will start PT now and arrange MRI's of her lumbar and thoracic spine to clarify to the cause for her pain as noted. Will recheck in 2 weeks, and she will; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Lumbar pain - if this is related to the MVA, it is odd that it started 7-10 days after the crash, but will start PT now and arrange MRI's of her lumbar and thoracic spine to clarify to the cause for her pain as noted. Will recheck in 2 weeks, and she will; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | unknown; This study is being ordered for a neurological disorder.; birth; There has been treatment or conservative therapy.; neck pain , bilateral tingling; medication , therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72192 Computed tomography, pelvis; without contrast material | patient has severe pain in her left hip and groin; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72192 Computed tomography, pelvis; without contrast material | patient is having pelvic pain she had a pelvic US but they were unable to see the right ovary; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72192 Computed tomography, pelvis; without contrast material | The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; It is not known if this is a preoperative study. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73200 Computed tomography, upper extremity; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the upper extremity. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/6/2021; It is not known if there has been any treatment or conservative therapy.; right shoulder pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Left volar wrist swelling -possible ganglion Plan 1. I reviewed the patient's exam and x-ray findings with him today. I advised his area of swelling is slightly atypical for a volar ganglion, therefore I have recommended obtaining an MRI of the left wrist; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | PT is unable to complete ADL's or take care of his small children due to not being able to pick them up. Pain is constant/lingering with any activity.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73700 Computed tomography, lower extremity; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 9/27/2021; There has not been any treatment or conservative therapy.; Unknown; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | June 2014; There has been treatment or conservative therapy.; Lipids are up, pain left lower chest/epigastum, abdomen is soft, there is hepatomegaly, abdominal tenderness, significant hepatomegaly on exam, 12 cm total & 7 cm below the RCM; concurrent chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | onset of symptoms, have been treated w/medications but those are not working.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abnormal abdominal ultrasound, chronic hepatitis c, and pneumobillia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Cirrhosis of liver; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); HERNIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Calcium Score 2819 - not a treadmill candidate;;In summary this gentleman has a extremely high risk for occlusive coronary artery disease despite the fact that he is asymptomatic he has hypertension he is a former smoker he has a coronary artery calcium; This is a request for CTA Coronary Arteries.; A study not listed has been completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Has been getting a sharp pain next to his sternum. Some last 3 seconds really hard. Some are split-second jabs;Has pain in the crook of his right elbow some. ;Past month, heart races at times and he can feel palpitations. Happens more with stress, mor; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | She had right IDC; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is NOT requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater. | 4 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study; There is no known valvular heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Further evaluation needed to exclude choledocholithiasis or small ampullary mass.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Dermatologist recently thought that skin lesions on her face/nose were consistent with tuberous sclerosis. She has an ash leaf macula on her leg that we noted some years ago. This diagnosis will require some periodic imaging of her brain, kidneys. Patient; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | carotid stenosis, pre syncope; This study is being ordered for Vascular Disease.; patient has carotid stenosis and pre syncope; There has been treatment or conservative therapy.; syncope; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the brain. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | carotid stenosis, pre syncope; This study is being ordered for Vascular Disease.; patient has carotid stenosis and pre syncope; There has been treatment or conservative therapy.; syncope; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the Neck. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | mandibular osteonecrosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/09/2021; There has not been any treatment or conservative therapy.; jaw pain left side, open wound, exposed bone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | severe neck pain; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Right side abdominal pain, tightness on the right side, unable to sleep and memory loss. Increase memory difficulty and short term memory; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Memory loss and lumbar pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 10 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; The type of tumor is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for a neurological disorder.; 4/2021; There has not been any treatment or conservative therapy.; unable to walk trouble moving both legs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 2/16/2021; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | abnormal chest x-ray, multiple lung nodules noted; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Cough, persistent, hx of nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter date of initial onset here - Abnormal weight loss. 8/9/21 patient reports she continues to lose weight without trying, had recent pap, denies any loss of appetite or illness, will get CT scans to evaluate.; It is not known if there has been any treatment or conservative therapy.; Weight loss. 8/9/21 patient reports she continues to lose weight without trying, had recent pap, denies any loss of appetite or illness, will get CT scans to evaluate.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | lower left lobe infiltration; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | post xray evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | pt is a current smoker. high risk for lung nodules. Pt has a persistent cough.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; 02/01/2021; There has been treatment or conservative therapy.; Reason for Visit:;Neck Pain (Has been having neck pain. Started in February. Now has tingling in his shoulder and both arms.) and Fall (Has been having alot falls. Seems to be off balance. Has about 3-4 falls since Jan. Has been stumbling alot.);HPI I; Physical therapy, Medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; 02/01/2021; There has been treatment or conservative therapy.; Reason for Visit:;Neck Pain (Has been having neck pain. Started in February. Now has tingling in his shoulder and both arms.) and Fall (Has been having alot falls. Seems to be off balance. Has about 3-4 falls since Jan. Has been stumbling alot.);HPI I; Physical therapy, Medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; 02/01/2021; There has been treatment or conservative therapy.; Reason for Visit:; Neck Pain (Has been having neck pain. Started in February. Now has tingling in his shoulder and both arms.) and Fall (Has been having alot falls. Seems to be off balance. Has about 3-4 falls since Jan. Has been stumbling alot.); HPI I; Physical therapy, Medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; pain in legs; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; diclofenac sodium 50 mg tablet,delayed release;;cyclobenzaprine 10 mg tablet; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Back pain for 2 months.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | NEW BACK PAIN LAST WEEK WITH HX OF BACK PAIN FROM 09/04/2019; EVALUATE L AND T SPINE FOR WORSE BACK PAIN WITH ROM WORSE WITH MOVEMENT AND ONGOING LAST 3 WEEKS FROM 6/25/21 OV. PAIN RADIATES TO BILAT HIPS.; There has been treatment or conservative therapy.; 3 WEEKS OF RT SIDED BACK PAIN, HIP PAIN, KIDNEY PAIN WORSE WITH ANY TYPE OF MOVEMENT PARTICULARLY CHANGE OF POSTIONS. HX OF LUMBAR RADICULOPATHY. CONSTIPATION MAKES PTS BACK PAIN WORSE. PAIN RT GROIN ON ROM RT HIP, PAIN LOWER BACK WITH FLEXION EITHER HIP WO; ESI IN 09/04/2019, 09/10/2019, 09/12/2021, 09/16/2021, 09/19/2021; THERAPUTIC EXERCISES; PT EVAL MOD COMPLEX 30 MIN; THERAPUTIC ACTIVITIES;; FOR BACK PAIN WITH DR WEILERT.; 10/11/2019 ASPRIN 81 MG, PRAVASTATIN SODIUM 10 MG TABLET.; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for a neurological disorder.; birth; There has been treatment or conservative therapy.; neck pain , bilateral tingling; medication , thereby; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Back pain for 2 months.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | NEW BACK PAIN LAST WEEK WITH HX OF BACK PAIN FROM 09/04/2019; EVLAUATE L AND T SPINE FOR WORSE BACK PAIN WITH ROM WORSE WITH MOVEMENT AND ONGOING LAST 3 WEEKS FROM 6/25/21 OV. PAIN RADIATES TO BILAT HIPS.; There has been treatment or conservative therapy.; 3 WEEKS OF RT SIDED BACK PAIN, HIP PAIN, KIDNEY PAIN WORSE WITH ANY TYPE OF MOVEMENT PARTICULARLY CHANGE OF POSTIONS. HX OF LUMBAR RADICULOPATHY. CONSTIPATION MAKES PTS BACK PAIN WORSE. PAIN RT GROIN ON ROM RT HIP,PAIN LOWER BACK WITH FLEXION EITHER HIP WO; ESI IN 09/04/2019, 09/10/2019,09/12/2021,09/16/2021,09/19/2021;THERA PUTIC EXERCISES;PT EVAL MOD COMPLEX 30 MIN;THERAPUTIC ACTIVITIES;;FOR BACK PAIN WITH DR WEILERT.;;10/11/2019 ASPRIN 81 MG,PRAVASTATIN SODIUM 10 MG TABLET.; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Right side abdominal pain, tightness on the right side, unable to sleep and memory loss. Increase memory difficulty and short term memory; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Memory loss and lumbar pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for a neurological disorder.; 4/2021; There has not been any treatment or conservative therapy.; unable to walk trouble moving both legs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Sciatica; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Abdomen pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/6/2021; it is not known if there has been any treatment or conservative therapy.; right shoulder pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | onset of symptoms, have been treated w/medications but those are not working.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 2/16/2021; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Dermatologist recently thought that skin lesions on her face/nose were consistent with tuberous sclerosis. She has an ash leave macula on her leg that we noted some years ago. This diagnosis will require some periodic imaging of her brain, kidneys.Patient; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter date of initial onset here - Abnormal weight loss. 8/9/21 patient reports she continues to lose weight without trying, had recent pap, denies any loss of appetite or illness, will get CT scans to evaluate.; It is not known if there has been any treatment or conservative therapy.; Weight loss. 8/9/21 patient reports she continues to lose weight without trying, had recent pap, denies any loss of appetite or illness, will get CT scans to evaluate.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); INGUINAL HERNIA GROIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Abdomen pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | chest pain, dyspnea; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders ; It is not known if the member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation | Radiology Services Denied Not Medically Necessary | PET scan of her head to follow up her h/o resected brain tumor around 2003, that was detected by PET scan at the time and not by MRI or CT. She has not had a study in 4-5 years. No seizures, but still with occas headache and memory problems; This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is NOT being ordered for pre-surgical evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled.; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Internal Medicine | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | She had experienced several weeks of right retro-orbital pain since March this year and had an MRI which was significant for what appears to be a basilar tip aneurysm.; This study is being ordered for a neurological disorder.; march 2021; There has not been any treatment or conservative therapy.; She had experienced several weeks of right retro-orbital pain since March this year and had an MRI which was significant for what appears to be a basilar tip aneurysm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Yes, this is a request for CT Angiography of the brain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | She had experienced several weeks of right retro-orbital pain since March this year and had an MRI which was significant for what appears to be a basilar tip aneurysm.; This study is being ordered for a neurological disorder.; march 2021; There has not been any treatment or conservative therapy.; She had experienced several weeks of right retro-orbital pain since March this year and had an MRI which was significant for what appears to be a basilar tip aneurysm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Cerebral aneurysm, follow-up; s/p anterior communicating artery aneurysm embo. follow up; This study is being ordered for a neurological disorder.; March 2020; There has been treatment or conservative therapy.; Cerebral aneurysm, follow-up; s/p anterior communicating artery aneurysm embo; surgery: endovascular embolization of cerebral aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Cerebral aneurysm, follow-up; s/p anterior communicating artery aneurysm embo. follow up; This study is being ordered for a neurological disorder.; March 2020; There has been treatment or conservative therapy.; Cerebral aneurysm, follow-up; s/p anterior communicating artery aneurysm embo; surgery: endovascular embolization of cerebral aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 71250 Computed tomography, thorax; without contrast material | 05/27/2021; There has been treatment or conservative therapy.; Colon cancer, staging ;history of RCC, and CRC, new lung nodules on imaging; chemotherapy radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | fibroids; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 05/27/2021; There has been treatment or conservative therapy.; Colon cancer, staging ;history of RCC, and CRC, new lung nodules on imaging; chemotherapy radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria., Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Interventional Radiologists | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is an immediate family history of aneurysm.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdomen. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if there is ultrasound or plain film evidence of an abdominal organ enlargement.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: Organ enlargement (system matched response); hydronephrosis; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 74185 Magnetic resonance angiography, abdomen, with or without contrast material(s) | | This is a request for a MR Angiogram of the abdomen. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; redness and swelling; antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | fax clinical; This study is being ordered for Inflammatory/ Infectious Disease.; early July; There has been treatment or conservative therapy.; open sores and draining; medications, dressings, wound clinic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Nephrology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | | ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhagebest describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | FAMILY HISTORY OF CEREBRAL RUPTURE ANEURYSM; This study is being ordered for a neurological disorder.; FAMILY HISTORY OF CEREBRAL RUPTURE ANEURYSM; There has not been any treatment or conservative therapy.; FAMILY HISTORY OF CEREBRAL RUPTURE ANEURYSM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | n/a; This study is being ordered for a neurological disorder.; 5/2021; There has been treatment or conservative therapy.; vision and headaches; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is for eval for surgery.; This study is being ordered for Vascular Disease.; unknown.; There has been treatment or conservative therapy.; Slurred speech, confusion, numbness, memory issues, losing train of thought.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Unknown; This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; ongoing spells of dizziness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Will fax in clinicals.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 7 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | FAMILY HISTORY OF CEREBRAL RUPTURE ANEURYSM; This study is being ordered for a neurological disorder.; FAMILY HISTORY OF CEREBRAL RUPTURE ANEURYSM; There has not been any treatment or conservative therapy.; FAMILY HISTORY OF CEREBRAL RUPTURE ANEURYSM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | n/a; This study is being ordered for a neurological disorder.; 5/2021; There has been treatment or conservative therapy.; vision and headaches; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is for eval for surgery.; This study is being ordered for Vascular Disease.; unknown.; There has been treatment or conservative therapy.; Slurred speech, confusion, numbness, memory issues, losing train of thought.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Unknown; This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; ongoing spells of dizziness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Will fax in clinicals.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 5 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Development delay, Atlanto-occipital instability, abnormal brain MRI; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Down syndrome patient has 26 higher hold of incidence of moyamoy disease. Obtaining a baseline is very important for future comparison; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Down syndrome, rule out Moya Moya; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | PATIENT C/O RIGHT SIDED HEADACHE ABOVE THE EARS THAT RADIATES TO POSTERIOR HEAD.SHE DESCRIBES THE PAIN AS THROBBING/PRESSURE AND PAIN BEHIND HER EYES.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | PATIENT C/O WORSENING/INCREASING HEADACHES;RIGHT SIDED HEADACHES ALONG WHERE HER SHUNT IS; ALSO C/O RIGHT EYE PAIN; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | The patient is a 26 year old woman with progressively worsening daily headaches with associated blurry vision. Her recent eye exam showed papilledema. She has probable right transverse-sigmoid junction stenosis. The patient has been on acetazolamide for t; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | This is a request for a Neck MR Angiography.; The patient has the inability to speak.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 1/1/2003; There has been treatment or conservative therapy.; Patient with lifelong headaches which worsened a year or two after childbirth 18 years ago. and diffuse muscleHas had a headache for 30 days. Present in AM. Exacerbated by Valsalva at times. MRI 2019 showed Chiari I with crowding and poor quality flow stu; treated for migraines for years with little response to meds including a year of Amovig currently.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 7/15/2020; There has been treatment or conservative therapy.; hypermobility, worsening headaches, radiation to shoulders, tingling in hands & feet, occasionally drops things; Medication; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Brain metastases;PMHx of rectal carcinoma with brain and lung metastases (s/p chemo/radiation/gama knife currently on chemo/immunotherapy), DM1, depression, seizures, IJ thrombosis (on warfarin) who presents for concern of seizures.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Brain: Pt has had intermittent/transient blindness on her L side.;T-Spine: L leg paralysis since fall in April 2021. Continues to depend ambulatory assistance.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Cervical instability; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 2016; There has not been any treatment or conservative therapy.; , PAIN THE RATATING ARM AND LEG . PARESTHESIA AND NECK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | horizontal nystagmus, vertical nystagmus, rotatory nystagmus.; This study is being ordered for Congenital Anomaly.; 9/1/2019; There has been treatment or conservative therapy.; Headache, abnormal gait, pain; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | one year history of SO headaches exacerbatd by Bending. Occur at night sometimes and has to get up. SOme visual issues and dizzy episodes as well. Vision OK.. Minimal tinnitus. No palpitations. Occ tingling in arms and feet. Poor balance. GI history of p; This study is being ordered for a neurological disorder.; 6/24/2020; It is not known if there has been any treatment or conservative therapy.; r Neck Pain, Arnold Chiari Malformation, one year history of SO headaches exacerbatd by Bending. Occur at night sometimes and has to get up. SOme visual issues and dizzy episodes as well. Vision OK.. Minimal tinnitus. No palpitations. Occ tingling in arm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 5 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhoea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhoea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus). | 7 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected Parkinson's disease best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Post-operative evaluation best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | unknown; This study is being ordered for Congenital Anomaly.; 9/13/21; There has not been any treatment or conservative therapy.; worsening sharp pain, numbness to left face, SO paresthesia with associated numbness in shoulders, weakness in both arms. Legs have been weak with near falls.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | 2016; There has been treatment or conservative therapy.; breast cancer; CHEMO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | Faxing clinicals; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | for navigational purposes for surgery; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | Myelopathic, positive Hoffmans, clonus.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | pre-op; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown if No Info Given PT and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | She had stable fractures of the bilateral C6 lamina, right C7;pedicle and C7 vertebral body. C7 vertebral body fracture less well;appreciated on today's exam likely due to some healing. There is a;more evident fracture line in the C1 right lateral post; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | spinal fusion, cervical. the patient is status post laminectomy and fusion of the occiput through C3. Post-op.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...; The patient has had 3 or fewer follow-up Cervical Spine CTs. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT | 5 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | We also discussed the option for obtaining a thin cut CT of the cervical spine without contrast for evaluation of the bony anatomy and surgical planning.; We also discussed the option for repeating a MRI of the cervical spine without contrast in light of; This study is being ordered for trauma or injury.; 04/27/2021; There has been treatment or conservative therapy.; persistent neck pain radiating down the right arm into the right hand with weakness, tingling, as well as difficulty raising both arms. She also reports not being able to turn her neck to either side.; Cervical collar; Pain Management treatments; 12 weeks of physical therapy; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | for navigational purposes for surgery.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | history of low back pain, whom I contacted today via video conferencing/telemedicine. She describes a long history of midline back pain with right sided radicular symptoms that radiate into the medial aspect of the right leg and also in the hip, which rad; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | This is a request for a thoracic spine CT.; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72128 Computed tomography, thoracic spine; without contrast material | This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | history of low back pain, whom I contacted today via video conferencing/telemedicine. She describes a long history of midline back pain with right sided radicular symptoms that radiate into the medial aspect of the right leg and also in the hip, which rad; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; He has sig pain and some weakness on exam in the right leg.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; CT lumbar spine without contrast is needed to evaluate her previous surgery This is a 51-year-old female who returns to neurosurgery clinic today with complaint of left lower extremity weakness and pain. She has history of microdiscectomy performed in ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Left lower extremity is 3 plus. Numbness on the left side.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; ; There has been treatment or conservative therapy.; Low back pain; Pain in leg, unspecified; Other intervertebral disc degeneration, lumbar region.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; Many years ago; There has been treatment or conservative therapy.; neck and bilateral arm pain, thoracic back pain with fractures and low back and bilateral leg pain.; Chiropractic Treatment, muscle relaxers, steroids and narcotics.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 1/1/2003; There has been treatment or conservative therapy.; Patient with lifelong headaches which worsened a year or two after childbirth 18 years ago. and diffuse muscleHas had a headache for 30 days. Present in AM. Exacerbated by Valsalva at times. MRI 2019 showed Chiari I with crowding and poor quality flow stu; treated for migraines for years with little response to meds including a year of Amovig currently.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 7/15/2020; There has been treatment or conservative therapy.; hypermobility, worsening headaches, radiation to shoulders, tingling in hands & feet, occasionally drops things; Medication; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 54-year-old male who presents with a multiyear history of severe lower back pain after sustaining a fall from a telephone pole. His imaging demonstrates facet arthritis and absence of compressive pathology. He has undergone conservative therapy includin; 54-year-old male who presents with a multiyear history of severe lower back pain after sustaining a fall from a telephone pole. His imaging demonstrates facet arthritis and absence of compressive pathology. He has undergone conservative therapy includin; There has been treatment or conservative therapy.; severe lower back pain resistant to conservative therapy. pain 8/10 in bask with occasional cramping in legs.; medication optimization, physical therapy and lumbar epidural steroid injection; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Chiari malformation, hand numbness, history of enuresis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 05/05/2020; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; leg and back pain; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - Positive right straight leg raise test (to back) and positive left straight leg raise test (to back). ; Achilles reflexes are 1+ on the right side and 1+ on the left side; Musculoskeletal. ; Left elbow: Tenderness present in medial; Enter date of initial onset here - 2009; There has been treatment or conservative therapy.; Describe primary symptoms here - back pain with bilateral lower extremity radiculopathy and neck pain with bilateral upper extremity radiculopathy, paresthesias in her bilateral upper extremities and in her bilateral lower extremities, headaches; Describe treatment / conservative therapy here - Decadron/Kenalog IM, NSAIDs (Ibuprofen, Diclofenac), Muscle relaxer (Flexeril, Robaxin), Chiropractic manipulation twice per week for 4 months, TENS, home exercise, Tylenol, 6 consecutive weeks of physical th; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | I will attach records; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is NOT a post operative complication | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | one year history of SO headaches exacerbated by Bending. Occur at night sometimes and has to get up. Some visual issues and dizzy episodes as well. Vision OK.. Minimal tinnitus. No palpitations. Occ tingling in arms and feet. Poor balance. GI history of p; This study is being ordered for a neurological disorder.; 6/24/2020; It is not known if there has been any treatment or conservative therapy.; r Neck Pain, Arnold Chiari Malformation, one year history of SO headaches exacerbated by Bending. Occur at night sometimes and has to get up. Some visual issues and dizzy episodes as well. Vision OK.. Minimal tinnitus. No palpitations. Occ tingling in arm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | possible Chiari malformation; currently being treated for trigeminal neuralgia; evaluate for syrinx; Approximately 1 year ago; There has been treatment or conservative therapy.; symptoms include headaches, joint swelling, neck pain and numbness; She has tried acetaminophen, NSAIDs and rest for the symptoms. The treatment provided mild relief.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Rule out Moya Moya, Atlanto-occipital instability; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | shoulder pain, neck pain, post surgical; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This study is being ordered for a neurological disorder.; She previously had a cervical fusion performed by another doctor in 2016 and her pain has gotten worse ever since.; There has been treatment or conservative therapy.; She has no pain that radiates down her arms. She does report tingling in both hands is gotten worse in the last 3 days. She states this comes and goes and is in all her fingers. She has a history of cervical fusion performed by another doctor in 2016.;; Patient has had 6 weeks of physical therapy to little to no improvement. She also saw another clinic to do nerve root burnings in her neck and back, and that did not help either.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | unkown; This study is being ordered for Congenital Anomaly.; 9/13/21; There has not been any treatment or conservative therapy.; worsening sharp pain, numbness to left face, SO paresthesia with associated numbness in shoulders, weakness in both arms. Legs have been weak with near falls.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; Many years ago; There has been treatment or conservative therapy.; neck and bilateral arm pain, thoracic back pain with fractures and low back and bilateral leg pain.; Chiropractic Treatment, muscle relaxers, steroids and narcotics.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; Prior to 4/2020. No relief, post physical therapy beginning 02/16/2021 through 03/23/2021. Difficult to do daily activities. Considering pain pump, but needs MRI to help with treatment plan; There has been treatment or conservative therapy.; Limited lumbar range of motion, decreased strength in RLE.; c/o low back pain and cramping in right leg. Pain is constant 9/10.; No relief.; Previous lumbar fusion 4/2020.; Xray L spine shows stenosis at L3-4, L4-5, L5-S1; PT from 02/16/2021 through 03/23/2021.; Need MRI to determine degree of stenosis and to plan for appropriate treatment; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | 54-year-old male who presents with a multiyear history of severe lower back pain after sustaining a fall from a telephone pole. His imaging demonstrates facet arthritis and absence of compressive pathology. He has undergone conservative therapy includin; 54-year-old male who presents with a multiyear history of severe lower back pain after sustaining a fall from a telephone pole. His imaging demonstrates facet arthritis and absence of compressive pathology. He has undergone conservative therapy includin; There has been treatment or conservative therapy.; severe lower back pain resistant to conservative therapy. pain 8/10 in bak with occasional cramping in legs.; medication optimization, physical therapy and lumbar epidural steroid injection; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Brain: Pt has had intermittent/transient blindness on her L side.; T-Spine: L leg paralysis since fall in April 2021. Continues to depend ambulatory assistance.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Chiari malformation, hand numbness, history of enuresis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Doctor agrees with treatment plan. Clinical time devoted to care of the patient was more than 78 minutes. More than half of the encounter was dedicated to consultation of complex history of chronic pain and other stressors.; No initial date for when it started but patient came in for the issue on 8/5/21; There has not been any treatment or conservative therapy.; Chronic back pain, issues they have had for over a decade; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 05/05/2020; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; leg and back pain; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 2016; There has not been any treatment or conservative therapy.; , PAIN THE RATATING ARM AND LEG . PARESTHESIA AND NECK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | horizontal nystagmus, vertical nystagmus, rotatory nystagmus.; This study is being ordered for Congenital Anomaly.; 9/1/2019; There has been treatment or conservative therapy.; Headache, abnormal gait, pain; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | I will attach records; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is NOT a post operative complication | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | one year history of SO headaches exacerbated by Bending. Occur at night sometimes and has to get up. Some visual issues and dizzy episodes as well. Vision OK. Minimal tinnitus. No palpitations. Occ tingling in arms and feet. Poor balance. GI history of p; This study is being ordered for a neurological disorder.; 6/24/2020; It is not known if there has been any treatment or conservative therapy.; r Neck Pain, Arnold Chiari Malformation, one year history of SO headaches exacerbated by Bending. Occur at night sometimes and has to get up. Some visual issues and dizzy episodes as well. Vision OK. Minimal tinnitus. No palpitations. Occ tingling in arm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | possible Chiari malformation; currently being treated for trigeminal neuralgia; evaluate for syrinx; Approximately 1 year ago; There has been treatment or conservative therapy.; symptoms include headaches, joint swelling, neck pain and numbness; She has tried acetaminophen, NSAIDs and rest for the symptoms. The treatment provided mild relief.; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Hyperflexia in the lower extremities. Mid back pain | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; There has been treatment or conservative therapy.; Low back pain; Pain in leg, unspecified; Other intervertebral disc degeneration, lumbar region; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; Many years ago; There has been treatment or conservative therapy.; neck and bilateral arm pain, thoracic back pain with fractures and low back and bilateral leg pain.; Chiropractic Treatment, muscle relaxers, steroids and narcotics.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; Prior to 4/2020. No relief, post physical therapy beginning 02/16/2021 through 03/23/2021. Difficult to do daily activities. Considering pain pump, but needs MRI to help with treatment plan; There has been treatment or conservative therapy.; Limited lumbar range of motion, decreased strength in RLE, ; c/o low back pain and cramping in right leg. Pain is constant 9/10. ; No relief.; Previous lumbar fusion 4/2020. ; Xray L spine shows stenosis at L3-4, L4-5, L5-S1; PT from 02/16/2021 through 03/23/2021. ; Need MRI to determine degree of stenosis and to plan for appropriate treatment; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Chiari malformation, hand numbness, history of enuresis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Doctor agrees with treatment plan. Clinical time devoted to care of the patient was more than 78 minutes. More than half of the encounter was dedicated to consultation of complex history of chronic pain and other stressors.; No initial date for when it started but patient came in for the issue on 8/5/21; There has not been any treatment or conservative therapy.; Chronic back pain, issues they have had for over a decade; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for Congenital Anomaly.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 05/05/2020; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; leg and back pain; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Enter answer here - Positive right straight leg raise test (to back) and positive left straight leg raise test (to back). ; Achilles reflexes are 1+ on the right side and 1+ on the left side; Musculoskeletal. ; Left elbow: Tenderness present in medial; Enter date of initial onset here - 2009; There has been treatment or conservative therapy.; Describe primary symptoms here - back pain with bilateral lower extremity radiculopathy and neck pain with bilateral upper extremity radiculopathy, paresthesias in her bilateral upper extremities and in her bilateral lower extremities, headaches; Describe treatment / conservative therapy here - Decadron/Kenalog IM, NSAIDs (Ibuprofen, Diclofenac), Muscle relaxer (Flexeril, Robaxin), Chiropractic manipulation twice per week for 4 months, TENS, home exercise, Tylenol, 6 consecutive weeks of physical th; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | horizontal nystagmus, vertical nystagmus, rotatory nystagmus.; This study is being ordered for Congenital Anomaly.; 9/1/2019; There has been treatment or conservative therapy.; Headache, abnormal gait, pain; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Imaging shows a mild forward curve at T10-L2, arthritis in the facet joints. Need to obtain new imaging and nerve conduction study. Will do this for potential surgical planning versus referral back to PM for injections.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | one year history of SO headaches exacerbated by Bending. Occur at night sometimes and has to get up. Some visual issues and dizzy episodes as well. Vision OK. Minimal tinnitus. No palpitations. Occ tingling in arms and feet. Poor balance. GI history of p; This study is being ordered for a neurological disorder.; 6/24/2020; It is not known if there has been any treatment or conservative therapy.; r Neck Pain, Arnold Chiari Malformation, one year history of SO headaches exacerbated by Bending. Occur at night sometimes and has to get up. Some visual issues and dizzy episodes as well. Vision OK. Minimal tinnitus. No palpitations. Occ tingling in arm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | possible Chiari malformation; currently being treated for trigeminal neuralgia; evaluate for syrinx; Approximately 1 year ago; There has been treatment or conservative therapy.; symptoms include headaches, joint swelling, neck pain and numbness; She has tried acetaminophen, NSAIDs and rest for the symptoms. The treatment provided mild relief.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | surgery for L5-S1 decompression with instrumentation and fusion and possible interbody cage placement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; at the age of 13.; There has been treatment or conservative therapy.; sharp right sided low back pain that radiates into her right leg to her toes with numbness in her toes.;She denies any pain into her right heel or any LLE pain. She states that her right leg will just give out on her while she is walking.; 8 weeks of physical therapy ;Pain Management treatments;medications ;at home exercises;Activity modifications;Lifestyle changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 29 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 31 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatome sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 13 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | <p>This study is being ordered for a neurological disorder.; She previously had a cervical fusion performed by another doctor in 2016 and her pain has gotten worse ever since.; There has been treatment or conservative therapy.; She has no pain that radiates down her arms. She does report tingling in both hands is gotten worse in the last 3 days. She states this comes and goes and is in all her fingers. She has a history of cervical fusion performed by another doctor in 2016.;; Patient has had 6 weeks of physical therapy to little to no improvement. She also saw another clinic to do nerve root burnings in her neck and back, and that did not help either.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | <p>This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | <p>This order is for bilateral hip pain/ bilateral SI joint dysfunction.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | <p>here is drooping of the upper vaginal apex and lateral aspect of the urinary bladder suggesting level 1 and level 2 lateral paravaginal fascial defects.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | <p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; orphenadrine;gabapentin | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 2016; There has been treatment or conservative therapy.; breast cancer; CHEMO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient is having pressur eheadaches again as well as intermittent swelling along distal shunt tract and pain around diaphragm C/W distal shunt issue.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Approval | 76390 Magnetic resonance spectroscopy | This is a request for MRS. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for a neurological disorder.; 07/22/2021; There has been treatment or conservative therapy.; Mr. Logue is a 55-year-old male who presents with a 2-week history of severe lancinating facial pain that proceeds along the right side of his jaw in a V3 distribution. The pain is intermittent and has multiple triggers including cold air touching the sk; He is currently taking Tegretol 200 mg twice a day.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | unkown; This study is being ordered for Congenital Anomaly.; 9/13/21; There has not been any treatment or conservative therapy.; worsening sharp pain, numbness to left face, SO paresthesia with associated numbness in shoulders, weakness in both arms. Legs have been weak with near falls.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | This study is being ordered for a neurological disorder.; 07/22/2021; There has been treatment or conservative therapy.; Mr. Logue is a 55-year-old male who presents with a 2-week history of severe lancinating facial pain that proceeds along the right side of his jaw in a V3 distribution. The pain is intermittent and has multiple triggers including cold air touching the sk; He is currently taking Tegretol 200 mg twice a day.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Cervical instability; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for a neurological disorder.; 07/01/2021; There has been treatment or conservative therapy.; presents with constant facial pain near the right mandible. She states the pain radiates under the chin and to the right shoulder at times. The majority of her pain is near the right mandible, she describes this as electric shock sensations. She also repo; oral steroids, she is currently taking Gabapentin 600 mg TID and pain medications PRN. She has recently seen her dentist who ruled out dental issues.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Cervical instability; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Rule out Moya Moya, Atlanto-occipital instability; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | 2019; There has been treatment or conservative therapy.; neck pain exacerbated by Valsalva with associated Syncope and near syncope with Valsalva. She also reports visual spots and blurriness at times, nausea, tinnitus, swallowing difficulty, speech stuttering, tingling in hands and feet, arms feeling heavy, fre; Medication, injections; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for a neurological disorder.; 07/01/2021; There has been treatment or conservative therapy.; presents with constant facial pain near the right mandible. She states the pain radiates under the chin and to the right shoulder at times. The majority of her pain is near the right mandible, she describes this as electric shock sensations. She also repo; oral steroids, she is currently taking Gabapentin 600 mg TID and pain medications PRN. She has recently seen her dentist who ruled out dental issues.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | She has been seeing pain mangement without help. She is getting a new MRI of the Lspine but I also feel we;should get a MRI of the pelvis due to the sacral and coccyx pain. I am also going to get EMG/NCV of both legs;due to leg pain and numbness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; has a lot of pain with sitting in her tailbone, her coccyx is very;tender, also has been having a lot of rib pain with deep breaths.;Thoracic Spine Pain; steroid injections, pain management, spinal manipulation, NSAID's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Assess source of neck pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Obtain cervical CT scan to assess bony developmental structural abnormality; It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is not experiencing cervical neck pain not improving despite treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has already had a MRI of the cervical spine. Provider would like to assess new symptoms with a CT Scan.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Patient is Pre OP, wants to preform a left cervical foraminotomy C5-T1 for Foraminal narrowing due to left sided lumbar radiculopathy. With left sided cord compression. Mild Numbness to left fingers, left sided weakness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Rule out Moya Moya, Atlanto-occipital instability; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | spine surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years; There has been treatment or conservative therapy.; neck pain;right hand pain;right arm pain ;numbness;tingling;weakness; steroid injections and nerve burning; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Bowel or bladder dysfunction. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since she was 13 years old; There has been treatment or conservative therapy.; pain;pain when standing for prolong periods;pain when walking long distances;numbness i right lower extremity;tingling pain in right lower extrimity;weakness in right lower extremity; physical therapy ;prescription medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | surgery for L5-S1 decompression with instrumentation and fusion and possible interbody cage placement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; at the age of 13.; There has been treatment or conservative therapy.; sharp right sided low back pain that radiates into her right leg to her toes with numbness in her toes.;She denies any pain into her right heel or any LLE pain. She states that her right leg will just give out on her while she;is walking.; 8 weeks of physical therapy ;Pain Management treatments;medications ;at home exercises;Activity modifications;Lifestyle changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Document exam findings; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Weakness in the left leg, failed 6 weeks for PT; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | 64-year-old female with chronic mechanical neck and low back pain with left upper extremity nondermatomal radicular symptoms and mechanical low back pain with difficulty arising from a seated position with imaging of the cervical and lumbar spine reviewed; June 2021; It is not known if there has been any treatment or conservative therapy.; burning, cramping, aching and shooting. The pain radiates to the left scapula, left shoulder, left arm, left forearm and left hand (fingers cramp). ; aching, burning and shooting. The pain radiates to the left knee, left thigh, right thigh and right knee; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | 2019; There has been treatment or conservative therapy.; neck pain exacerbated by Valsalva with associated Syncope and near syncope with Valsalva. She also reports visual spots and blurriness at times, nausea, tinnitus, swallowing difficulty, speech stuttering, tingling in hands and feet, arms feeling heavy, fre; Medication, injections; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | all of her symptoms warrant further investigation for an MRI C-Spine and MRI L-Spine; neck pain began in 2012 & back pain began in 2018; There has been treatment or conservative therapy.; sharp pain at base of neck with some tingling and burning sensations down arms to her fingers.;deep pressure in middle of low back with occasional burning and periodically extends down the buttocks down back of thighs, where the left leg pain stops, but ; Several chiropractor treatments with traction, two epidural steroid injections and rhizotomies with no relief. takes Meloxicam; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Craniovertebral junction instability. Downs Syndrome. Progressive spinal deformity. Referred to orthopedic surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enitre spine MRI to assess cervical ligament instability, odontoid pannus and possible compression of the spinal cord as well as thoracic and lumbar spine to rule out tethered spinal cord, especially having right-sided left side difference in the tightnes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | need updated scans for surgical evaluation; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | neurofibromatosis type I; 08/10/2016; There has been treatment or conservative therapy.; Pain; ; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient is Pre OP, wants to perform a left cervical foraminotomy C5-T1 for Foraminal narrowing due to left sided lumbar radiculopathy. With left sided cord compression. Mild Numbness to left fingers, left sided weakness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | spine surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years; There has been treatment or conservative therapy.; neck pain;right hand pain;right arm pain ;numbness;tingling;weakness; steroid injections and nerve burning; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for a neurological disorder.; Patient has had cervical fusion performed in 2016 by a different doctor. Her symptoms have been on and off for about 2 to 3 years but gotten worse within the last few months.; There has been treatment or conservative therapy.; She has pain in the left side of posterior aspect of her neck over to her left shoulder. She has no pain that radiates down her arms. She does report tingling in both hands. The pain in her low back goes down outsidess of bilateral legs into the anterior a; Patient has had never root burning in her neck and low back. And she has had physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; 07/30/1998; There has been treatment or conservative therapy.; lower back pain; severe rt leg pain;; home exercise and anti-inflammatory; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | We also discussed the option for obtaining a thin cut CT of the cervical spine without contrast for evaluation of the bony;anatomy and surgical planning.;We also discussed the option for repeating a MRI of the cervical spine without contrast in light of; This study is being ordered for trauma or injury.; 04/27/2021; There has been treatment or conservative therapy.; persistent neck pain radiating down the right arm into the right hand with weakness, tingling, as well;as difficulty raising both arms. She also reports not being able to turn her neck to either side.; Cervical collar;Pain Management treatments;12 weeks of physical therapy;Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | WORK UP FOR CONSERVATIVE TREATMENT PLAN ; 10/23/2017; There has been treatment or conservative therapy.; Having some neck pain and mild back pain; PHYSICAL THERAPY.; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | XRAY SHOWED ABNORMAL FINDINGS. PHYSICIAN WILL LIKELY RECOMMEND PATIENT FOR SURGERY BUT REQUIRES ADVANCED IMAGING BEFORE DOING SO; unknown; There has been treatment or conservative therapy.; severe neck and low back pain; physical therapy, home exercises, medication; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Craniovertebral junction instability. Downs Syndrome. Progressive spinal deformity. Referred to orthopedic surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enitre spine MRI to assess cervical ligament instability, odontoid pannus and possible compression of the spinal cord as well as thoracic and lumbar spine to rule out tethered spinal cord, especially having right-sided left side difference in the tightnes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Imagingshows a mild forward curve at T10-L2, arthritis in the facet joints. Need to obtain new imaging and nerve conduction study. Will do this for potential surgical planning versus referral back to PM for injections.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | neurofibromatosis type I; 08/10/2016; There has been treatment or conservative therapy.; Pain; ; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".; There is not laboratory or x-ray evidence of a paraspinal abscess. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | WORK UP FOR CONSERVATIVE TREATMENT PLAN.; 10/23/2017; There has been treatment or conservative therapy.; Having some neck pain and mild back pain; PHYSICAL THERAPY.; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | xrays did not show clear findings to explain clinical condition; Patient had a visit with their PCP regarding long history of back pain on 5/17. PCP sent a referral for patient to be seen by Dr. Gocio neuro specialist. Patients office visit with Dr. Gocio was 6/9; There has been treatment or conservative therapy.; back pain, joint stiffness,painful joints,swollen joints, worsening pain of hip and leg, stabbing/shooting pain,numbness and loss of control of legs; Treatment has consisted of physical therapy, anti inflammatory meds,pain meds, bracing, heat, ice and massage; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since she was 13 years old; There has been treatment or conservative therapy.; pain;pain when standing for prolong periods;pain when walking long distances;numbness i right lowere extremity;tingling pain in right lower extrimity;weakness in right lower extremity; physical therapy ;prescription medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | 64-year-old female with chronic mechanical neck and low back pain with left upper extremity nondermatomal radicular symptoms and mechanical low back pain with difficulty arising from a seated position with imaging of the cervical and lumbar spine reviewed; June 2021; It is not known if there has been any treatment or conservative therapy.; burning, cramping, aching and shooting. The pain radiates to the left scapula, left shoulder, left arm, left forearm and left hand (fingers cramp). ; aching, burning and shooting. The pain radiates to the left knee, left thigh, right thigh and right knee; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | all of her symptoms warrant further investigation for an MRI C-Spine and MRI L-Spine; neck pain began in 2012 & back pain began in 2018; There has been treatment or conservative therapy.; sharp pain at base of neck with some tingling and burning sensations down arms to her fingers.;deep pressure in middle of low back with occasional burning and periodically extends down the buttocks down back of thighs, where the left leg pain stops, but ; Several chiropractor treatments with traction, two epidural steroid injections and rhizotomies with no relief. takes Meloxicam; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | bilateral lower extremity pain has become much more severe. MRI of the lumbar spine from January 2020, demonstrates diffuse lumbar spondylosis, most severe at L5-S1, but also at L4-L5. There is transitional anatomy. L5 will refer to the first truly mob; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2020; There has been treatment or conservative therapy.; progressively worsening low back pain and radiating to the right posterior lower extremity, coursing into the calf region and terminating the plantar surface of the right foot. He had associated numbness and paresthesias in that same distribution. He ha; He has had extensive conservative management of his pain to include physical therapy, pain medication, anti-inflammatory medication, and chiropractic care, without significant or durable relief of his pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Craniovertebral junction instability. Downs Syndrome. Progressive spinal deformity. Referred to orthopedic surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enitre spine MRI to assess cervical ligament instability, odontoid pannus and possible compression of the spinal cord as well as thoracic and lumbar spine to rule out tethered spinal cord, especially having right-sided left side difference in the tightnes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | need updated scans for surgical evaluation; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | neurofibromatosis type I; 08/10/2016; There has been treatment or conservative therapy.; Pain; ; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for a neurological disorder.; Patient has had cervical fusion performed in 2016 by a different doctor. Her symptoms have been on and off for about 2 to 3 years but gotten worse within the last few months.; There has been treatment or conservative therapy.; She has pain in the left side of posterior aspect of her neck over to her left shoulder. She has no pain that radiates down her arms. She does report tingling in both hands. The pain in her low back goes down outsides of bilateral legs into the anterior a; Patient has had never root burning in her neck and low back. And she has had physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; 07/30/1998; There has been treatment or conservative therapy.; lower back pain; severe rt leg pain.; home exercise and anti-inflammatory; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | XRAY SHOWED ABNORMAL FINDINGS. PHYSICIAN WILL LIKELY RECOMMEND PATIENT FOR SURGERY BUT REQUIRES ADVANCED IMAGING BEFORE DOING SO; unknown; There has been treatment or conservative therapy.; severe neck and low back pain; physical therapy, home exercises, medication; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | xrays did not show clear findings to explain clinical condition; Patient had a visit with their PCP regarding long history of back pain on 5/17. PCP sent a referral for patient to be seen by Dr. Gocio neuro specialist. Patients office visit with Dr. Gocio was 6/9; There has been treatment or conservative therapy.; back pain, joint stiffness,painful joints,swollen joints, worsening pain of hip and leg, stabbing/shooting pain,numbness and loss of control of legs; Treatment has consisted of physical therapy, anti inflammatory meds,pain meds, bracing, heat, ice and massage; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient states she has been having a lot of pain in the right hip for at least 2 years and describes right sciatica which radiates down to her ankle. She has to modify her ADL due to the pain.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | She has been seeing pain mangement without help. She is getting a new MRI of the Lspine but I also feel we;should get a MRI of the pelvis due to the sacral and coccyx pain. I am also going to get EMG/NCV of both legs;due to leg pain and numbness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; has a lot of pain with sitting in her tailbone, her coccyx is very;tender, also has been having a lot of rib pain with deep breaths.;Thoracic Spine Pain; steroid injections, pain management, spinal manipulation, NSAID's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | shoulder pain, neck pain, post surgical; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 76390 Magnetic resonance spectroscopy | Radiology Services Denied Not Medically Necessary | Brain metastases;PMHx of rectal carcinoma with brain and lung metastases (s/p chemo/radiation/gama knife currently on chemo/immunotherapy), DM1, depression, seizures, IJ thrombosis (on warfarin) who presents for concern of seizures.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurological Surgery | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | pre-op; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given PT and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | He has been having episodes of gait imbalance with falling to the right, slurred speech. This past week, he also reports left sided neck pain similar to the pain that occurred at the time of his stroke. Headache severity continue to fluctuate with more ex; This study is being ordered for a neurological disorder.; 11/2020; There has been treatment or conservative therapy.; Posterior circulation strokes secondary to L vert dissection ;He reports recurrent left neck pain overt the past week with increased gait imbalance. Also reports increased headaches over this time. No new focal deficits on exam. Plan for repeat CTA head ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | History of TIA with recent onset of TIA symptoms; This study is being ordered for a neurological disorder. ; 5/10/2021; There has been treatment or conservative therapy.; Extremity numbness and tingling, slurred speech.; medication given for stroke prophylaxis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | I will need to do a work up for the syncope and vertigo. She is having double vision and syncope episodes with possible seizure activity; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Positive for palpitations and leg swelling;Positive for activity change;Positive for dizziness and headaches; This study is being ordered for Vascular Disease.; 03/22/2021; There has been treatment or conservative therapy.; dizziness and headaches; aneurysm clipping;left-sided craniotomy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | pt had 2 separate spells; - loss of vision and unsteady gait for 45 min; - double vision lasting a few min; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | spell of unable to read, confusion, words not coming out right, vision blurred for an hour or more; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Stenosis assessment of posterior circulation. Pt has had moments of vision loss where everything "goes black". Has been on Baclofen and Topamax.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Syncopal episodes. Has had cardiac work up that is negative. has a pacemaker and unable to have MRA head or neck due to pacemaker not compatible.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | He has been having episodes of gait imbalance with falling to the right, slurred speech. This past week, he also reports left sided neck pain similar to the pain that occurred at the time of his stroke. Headache severity continue to fluctuate with more ex; This study is being ordered for a neurological disorder.; 11/2020; There has been treatment or conservative therapy.; Posterior circulation strokes secondary to L vert dissection ;He reports recurrent left neck pain overt the past week with increased gait imbalance. Also reports increased headaches over this time. No new focal deficits on exam. Plan for repeat CTA head ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | History of TIA with recent onset of TIA symptoms; This study is being ordered for a neurological disorder.; 5/10/2021; There has been treatment or conservative therapy.; Extremity numbness and tingling, slurred speech.; medication given for stroke prophylaxis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | I will need to do a work up for the syncope and vertigo. She is having double vision and syncope episodes with possible seizure activity; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Positive for palpitations and leg swelling;Positive for activity change;Positive for dizziness and headaches; This study is being ordered for Vascular Disease.; 03/22/2021; There has been treatment or conservative therapy.; dizziness and headaches; aneurysm clipping;left-sided craniotomy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | pt had 2 separate spells; - loss of vision and unsteady gait for 45 min; - double vision lasting a few min; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | spell of unable to read, confusion, words not coming out right, vision blurred for an hour or more; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Stenosis assessment of posterior circulation. Pt has had moments of vision loss where everything "goes black". Has been on Baclofen and Topamax.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Syncopal episodes. Has had cardiac work up that is negative. has a pacemaker and unable to have MRA head or neck due to pacemaker not compatible.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | MRI Brain and MRI Face/Cranial nerve to eval bells palsy. Lsided., One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Transient episodes of b/l eye droop. Ruleout demyelinating lesions.; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; daily headaches, family history of aneurysm; There has been treatment or conservative therapy.; Headaches are daily lasting 30 minutes to all day. ;Headaches started on left side of head and behind left eye.;Describes pain as nagging rated 10/10 on most day;Headaches are better with heat packs headaches worse with heat. Nausea and light sensitive; HCTZ, diamox, nortriptyline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Chronic migraine with aura(Migraine with aura, not intractable, without status migrainosus: G43.109) ; 15-20/mo, chronic, with suspected migraine equivalent as well impacting cardiac condition and associated syncopal spells. Ortho BPs negative today, rec; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | HA w/ Idiopathic intracranial hypertension w/ h/o stent; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Intractable migrainous-chromo, but not yet 6 months, likely has element of CSF press. Vol. dysfunction by history. Video visits very limiting for exam, ergo, no funduscopy. II H is a concern, but would expect resolution con profound recent Wt loss report; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Ms. Martha Hodge is a 72 year old female who presents to the Neurology clinic today for headaches referred by Dr.Joesph Jansen. Patient reports today head pressure and uncomfortable pain for several months. She occasionally has scalp tenderness.Headahes ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | pseudotumor cerebri with idiopathic intracranial hypertension; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | SEIZURES.; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; EPILEPSY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Since her last visit she was doing well but had to go to OSH ER on April 15 2021 for severe headache associated with Right sided vision abnormalities . She was diagnosed with Migraine and discharged . States her vision gradually improved in 2-3 days. Sinc; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | So far, does not seem to be tolerating therapy with Diamox. She recalls previously trying Topamax in the past however recalls severe side effects with this as well. She also recalls a previous history of Serotonin Syndrome which was diagnosed shortly afte; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is an immediate family history of aneurysm.; This is a request for a Brain MRA. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | TIA, CVA. RULE OUT ANY CAROTID OR VERTEBRAL ARTERY STENOSIS. LOOK FOR CAUSES OF CVA, TIA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | TIA. Abnormal CT Head showed ischemia, lacunar infarct. Recommend MR imaging. Eval MRA head and neck for any carotid or vertebral artery stenosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | ; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | TIA, CVA. RULE OUT ANY CAROTID OR VERTEBRAL ARTERY STENOSIS. LOOK FOR CAUSES OF CVA, TIA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | TIA. Abnormal CT Head showed ischemia, lacunar infarct. Recommend MR imaging. Eval MRA head and neck for any carotid or vertebral artery stenosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; DIZZINESS, INTENSE BACK PAIN, INSOMNIA; MEDICATIONS, ACTIVITY MODIFICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; daily headaches, family history of aneurysm; There has been treatment or conservative therapy.; Headaches are daily lasting 30 minutes to all day. ;Headaches started on left side of head and behind left eye.;Describes pain as nagging rated 10/10 on most day;Headaches are better with heat packs headaches worse with heat. Nausea and light sensitive; HCTZ, diamox, nortriptyline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2019; There has been treatment or conservative therapy.; left hand and arm tingling and numbness and both feet and shin bilaterally. She went to the PCP, who thought it was MS. December 19. She started having "all over body tingling and numbness". She went to UAMS ER for a evaluation, was sent home. December 23; left hand and arm tingling and numbness and both feet and shin bilaterally. She went to the PCP, who thought it was MS. December 19. She started having "all over body tingling and numbness". She went to UAMS ER for a evaluation, was sent home. December 23; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 3.5 yrs back and since as gotten worse; There has been treatment or conservative therapy.; Left sided weakness. Left sided hyper-reflexia. fatigue is worse in the morning. some slurring when he is tired.; PT/OT; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 05/26/2021; There has not been any treatment or conservative therapy.; right-sided sensory and motor symptoms as well as language dysfunction in late May. The symptoms have slowly improved but would be concerning for the possibility of some type of left hemispheric process. .patient has diffuse hyperreflexia. On a CT scan o; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 9 months ago; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 2003 initial dx, new symptoms worse last 2 months; There has been treatment or conservative therapy.; ear pain/neuralgia, vision change; patient maintained on methotrexate for her disease, also gabapentin, pain meds; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | came to the clinic to establish care regarding NF. She was diagnosed at ACH long back, has been largely stable except for seizures, migraines and bells palsy with optic nerve glioma. She was sporadic case, dont have a known family history of NF. She has b; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Carotid or vertebral dissection suspected; assess for underlying causes of migraines with severe right sided neck pain since 2016; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; pain; Home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Epilepsy, migraine headaches, abnormal past mri, Abnormal focal epileptiform discharges. Abnormal TAOK2 gene associated with autism, spectrum disorders, and other developmental issues. Cortical dysplasia. Hearing Loss.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | family hx aneurysms throbbing tempoal pain left to rt side.; This study is being ordered for a neurological disorder.; 9/10 severe headaches throbbing; There has been treatment or conservative therapy.; severe new daily headaches;neck pain; tyl- helps some takes daily. ibp- can help, excedrin works well. ;;family hx of aneurysms ;white count 14 ;cmp tsh free t4 normal;;headaches are throbbing pressrue pain with +photophob sometimes v/v +worse c activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | fatigue, cognitive changes; This study is being ordered for Inflammatory/ Infectious Disease.; 04/26/2021; There has been treatment or conservative therapy.; urinary incontinence, CNS.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | I will need to do a work up for the syncope and vertigo. She is having double vision and syncope episodes with possible seizure activity; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Intractable migrainous-chromo, but not yet 6 months, likely has element of CSF press. Vol. dysfunction by history. Video visits very limiting for exam, ergo, no funduscopy. II H is a concern, but would expect resolution con profound recent Wt loss report; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | It would be helpful to get an updated brain MRI along with a cervical and thoracic MRI (had cervical spine surgery for cervical myelopathy with Dr. Randolph 2017). ;;Patient has MS. Has not had any imaging since 2018; This study is being ordered for Inflammatory/ Infectious Disease.; 12/3/2013; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | MRI brain with and without contrast- assess for underlying causes of HA ;MRI cervical spine with and without contrast- assess for underlying causes of neck pain with radiculopathy; There has been treatment or conservative therapy.; ; She is currently prescribes Aimovig. She has been on 140mg/ML for the past 4 months. She has previously tried and failed Sumatriptan, Rizatriptan, and Eletriptan. She has also tried Nurtec. Ajovy 225 mg/1.5 subcutaneous injection once every 28 days. Conti; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | MRI for further;evaluation and possible identification of seizure focus.;Possible candidate for epilepsy surgery. To evaluate for that will need further testing including EMU admission, PET CT and MEG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Multiple sclerosis, monitor;High risk medication use ;started copaxone 20 mg every day 10/01/2020 then;started Aubagio 12/28/2020;Most recent MRI brain: 04/2020;Most recent MRI cervical spine: none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Multiple sclerosis, new event;New decreased sensation in left leg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | N/A; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; MS; medicationpt home exercises muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | New on-set seizure; This study is being ordered for a neurological disorder.; Epilepsy; There has not been any treatment or conservative therapy.; New on-set seizure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Patient has Headache, chronic, with new features ;Dizziness, non-specific ;Dizziness, persistent/recurrent, cardiac or vascular cause suspected; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | pt had 2 separate spells; - loss of vision and unsteady gait for 45 min; - double vision lasting a few min; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | SEIZURES.; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; EPILEPSY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | spell of unable to read, confusion, words not coming out right, vision blurred for an hour of more; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 68 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 64 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis. | 22 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have NOT been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected Parkinson's disease best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 16 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Evaluation of Optic Neuritis best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Post-operative evaluation best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | TIA, CVA. RULE OUT ANY CAROTID OR VERTEBRAL ARTERY STENOSIS. LOOK FOR CAUSES OF CVA, TIA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | TIA. Abnormal CT Head showed ischemia, lacunar infarct. Recommend MR imaging. Eval MRA head and neck for any carotid or vertebral artery stenosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | UBSTEADY GAIT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | UNKNOWN; There has been treatment or conservative therapy.; HEADACHE WITH NECK PAIN. MUSCLE SPASMS, HISTORY OF ADHD, CONFUSION. CHRONIC PAIN BECOMING SEVERE. PRESSURE. PROGRESSION OF THESE COMPLAINTS.; PAIN MEDICATION. MUSCLE RELAXERS.; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Unknown; This study is being ordered for a neurological disorder.; 08/17/2021; There has not been any treatment or conservative therapy.; Episode of weakness and numbness. Patient collapsed and was unable to get up. Weakness ever since. Possible stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; 2005; There has been treatment or conservative therapy.; Motor: Muscle force: BLE paresis: HF right 4, left 3+. KE: right 5- and left 4. KF right 4+ and left 4-. ADF/APF seem to be relatively full bilaterally. Force intact in the BUE except limited proximally by pain. No orbiting or drift. Normal muscle tone. ; Aubagio Gabapentin; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; Enter date of initial onset here - or Type In Unknown If No Info Give;;9/2019; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; Enter date of initial onset here - or Type In Unknown If No Info Give;Over 12 years.; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2019; There has been treatment or conservative therapy.; left hand and arm tingling and numbness and both feet and shin bilaterally. She went to the PCP, who thought it was MS. December 19. She started having "all over body tingling and numbness". She went to UAMS ER for a evaluation, was sent home. December 23; left hand and arm tingling and numbness and both feet and shin bilaterally. She went to the PCP, who thought it was MS. December 19. She started having "all over body tingling and numbness". She went to UAMS ER for a evaluation, was sent home. December 23; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 3.5 yrs back and since as gotten worse; There has been treatment or conservative therapy.; Left sided weakness. Left sided hyper-reflexia. fatigue is worse in the morning. some slurring when he is tired.; PT/OT; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 05/26/2021; There has not been any treatment or conservative therapy.; right-sided sensory and motor symptoms as well as language dysfunction in late May. The symptoms have slowly improved but would be concerning for the possibility of some type of left hemispheric process. ;patient has diffuse hyperreflexia. On a CT scan o; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 8-5-21 hyperreflexia; There has been treatment or conservative therapy.; Hyperreflexia, migraines; NSAIDS, Home exercises; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 9 months ago; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 2003 initial dx, new symptoms worse last 2 months; There has been treatment or conservative therapy.; ear pain/neuralgia, vision change; patient maintained on methotrexate for her disease, also gabapentin, pain meds; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | came to the clinic to establish care regarding NF. She was diagnosed at ACH long back, has been largely stable except for seizures, migraines and bells palsy with optic nerve glioma. She was sporadic case, dont have a known family history of NF. She has b; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - or Type In Unknown If No Info Given. 5/2020; There has been treatment or conservative therapy.; chronic cough, lung nodules;; Oral steroids;; This study is being ordered for Multiple Sclerosis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | fatigue, cognitive changes; This study is being ordered for Inflammatory/ Infectious Disease.; 04/26/2021; There has been treatment or conservative therapy.; urinary incontinence, CNS.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | It would be helpful to get an updated brain MRI along with a cervical and thoracic MRI (had cervical spine surgery for cervical myelopathy with Dr. Randolph 2017). ;;Patient has MS. Has not had any imaging since 2018; This study is being ordered for Inflammatory/ Infectious Disease.; 12/3/2013; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Left sided weakness and numbness localizing to the mid thoracic level or higher, concern is for possible demyelinating disease (like Multiple Sclerosis) or other structural lesion;; Around middle of June 2021; There has not been any treatment or conservative therapy.; hypoesthesia of skin, numbness & feeling of tightness along left side of abdomen & trunk, numbness down in to groin and down left leg, as well as a feeling of heaviness & weakness, imbalance/stumbling, tripping if turns too quickly; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Multiple sclerosis, monitor;High risk medication use ;started copaxone 20 mg every day 10/01/2020 then;started Aubagio 12/28/2020;Most recent MRI brain: 04/2020;Most recent MRI cervical spine: none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | n/a; unknown; There has been treatment or conservative therapy.; pain; medication, physical therapy and home exercises; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | none; 7/14/2021; There has been treatment or conservative therapy.; Multiple sclerosis, lower back pain and spasms that has been going on for 4 weeks. Cramps in the left foot, pain worsening when walking. Tingling in both hands and developing abnormal feelings in hand and feet. Possible new cord lesion. Getting sol iris tr; Medications; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiculopathy; Radiculopathy; There has been treatment or conservative therapy.; Radiculopathy; Radiculopathy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Reports dysphagia, Reports vertigo, Reports dizziness, Reports headache(s), Reports mouth lesions, Reports nasal congestion, Reports tinnitus and Reports sore throatReports chest pain and Reports palpitations;Details: Cramp in lower legs;Resp;Details: ; She has had a progression of hyperreflexia in the lower extremities.The syrinx is still unexplained (idiopathic vs occult associated lesion) - hence the request for contrast (rather than just unenhanced scans)Long history of cognitive concerns with compre; There has been treatment or conservative therapy.; Pinprick examination is abnormal. She has left hemianesthesia. This involves the areas of pain that she describes but also involves the entire left side of the body, left side of the scalp and forehead. Vibratory sensation is normal at the fingertips a; Deanna notes that she had a neurosurgical consultation with H. Mark Crabtree MD at Cox 12/10/2020. I reviewed Dr. Crabtree's consultative report. He notes there are multiple areas of abnormality in the cervical spine. He stated he would consider a post; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | She is having fatigue, sore throat, and nausea/vomiting/diarrhea. She has had one fall since our last visit. She has to cancel her MRIs due to COVID. She did not receive her immunization yet, states that she will after her 90 days is completed.; Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis; It is not known if there has been any treatment or conservative therapy.; follow up visit for her diagnosis of multiple sclerosis.; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; 2005; There has been treatment or conservative therapy.; Motor: Muscle force: BLE paresis: HF right 4, left 3+. KE: right 5- and left 4. KF right 4+ and left 4-. ADF/APF seem to be relatively full bilaterally. Force intact in the BUE except limited proximally by pain. No orbiting or drift. Normal muscle tone. ; Aubagio Gabapentin; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; Enter date of initial onset here - or Type In Unknown If No Info Give;;9/2019; There has been treatment or conservative therapy.;; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; Enter date of initial onset here - or Type In Unknown If No Info Give;Over 12 years.; There has been treatment or conservative therapy.;; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2019; There has been treatment or conservative therapy.; left hand and arm tingling and numbness and both feet and shin bilaterally. She went to the PCP, who thought it was MS. December 19. She started having "all over body tingling and numbness". She went to UAMS ER for a evaluation, was sent home. December 23; left hand and arm tingling and numbness and both feet and shin bilaterally. She went to the PCP, who thought it was MS. December 19. She started having "all over body tingling and numbness". She went to UAMS ER for a evaluation, was sent home. December 23; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Enter answer here - or Type In Unknown If No Info Given. 5/2020; There has been treatment or conservative therapy.; chronic cough, lung nodules.; Oral steroids.; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | fatigue, cognitive changes; This study is being ordered for Inflammatory/ Infectious Disease.; 04/26/2021; There has been treatment or conservative therapy.; urinary incontinence, CNS.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | It would be helpful to get an updated brain MRI along with a cervical and thoracic MRI (had cervical spine surgery for cervical myelopathy with Dr. Randolph 2017). ;Patient has MS. Has not had any imaging since 2018; This study is being ordered for Inflammatory/ Infectious Disease.; 12/3/2013; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Left sided weakness and numbness localizing to the mid thoracic level or higher, concern is for possible demyelinating disease (like Multiple Sclerosis) or other structural lesion;; Around middle of June 2021; There has not been any treatment or conservative therapy.; hypoesthesia of skin, numbness & feeling of tightness along left side of abdomen & trunk, numbness down in to groin and down left leg, as well as a feeling of heaviness & weakness, imbalance/stumbling, tripping if turns too quickly; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Multiple sclerosis, new event;New decreased sensation in Left leg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | none; 7/14/2021; There has been treatment or conservative therapy.; Multiple sclerosis, lower back pain and spasms that has been going on for 4 weeks. Cramps in the left foot, pain worsening when walking. Tingling in both hands and developing abnormal feelings in hand and feet. Possible new cord lesion. Getting sol iris tr; Medications; This study is being ordered for Multiple Sclerosis | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | patient has pain in the T spine when she sits. she can lay down if she lays on the right side and pulls up with the left leg.; 2004; There has been treatment or conservative therapy.; Tension in neck with pain in low cervical as well as mid T spine. T spine pain radiates around the side. Sensitivity to temperature and pressure. Pain down posterior shoulder, brachium and into mid forearm.; patient has tried baclofen and it alleviated cramping but did not help with pain; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiculopathy; Radiculopathy; There has been treatment or conservative therapy.; Radiculopathy; Radiculopathy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Reports dysphagia, Reports vertigo, Reports dizziness, Reports headache(s), Reports mouth lesions, Reports nasal congestion, Reports tinnitus and Reports sore throatReports chest pain and Reports palpitations;Details: Cramp in lower legs;Resp;Details: ; She has had a progression of hyperreflexia in the lower extremities.The syrinx is still unexplained (idiopathic vs occult associated lesion) - hence the request for contrast (rather than just unenhanced scans)Long history of cognitive concerns with compre; There has been treatment or conservative therapy.; Pinprick examination is abnormal. She has left hemianesthesia. This involves the areas of pain that she describes but also involves the entire left side of the body, left side of the scalp and forehead. Vibratory sensation is normal at the fingertips a; Deanna notes that she had a neurosurgical consultation with H. Mark Crabtree MD at Cox 12/10/2020. I reviewed Dr. Crabtree's consultative report. He notes there are multiple areas of abnormality in the cervical spine. He stated he would consider a post; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | She is having fatigue, sore throat, and nausea/vomiting/diarrhea. She has had one fall since our last visit. She has to cancel her MRIs due to COVID. She did not receive her immunization yet, states that she will after her 90 days is completed.; Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis; It is not known if there has been any treatment or conservative therapy.; follow up visit for her diagnosis of multiple sclerosis.; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Subtle weakness in bilateral knee flexion and the right big toe extension and flexion | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Known Tumor with or without metastasis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Concern for radiculopathy. Rule out disc disease;L5-S1.;Left lower limb numbness since localized radiation therapy. Concern for nerve scarring.;Concern for cancer recurrence.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Low back pain successfully treated with ESI/Ganglion Impar/Caudal presenting today for follow evaluation and treatment of above complaint. Patient today is primarily complaining of lower back pain that starts at the top of her buttock and radiates to her ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | patient has pain in the T spine when she sits. she can lay down if she lays on the right side and pulls up with the left leg.; 2004; There has been treatment or conservative therapy.; Tension in neck with pain in low cervical as well as mid T spine. T spine pain radiates around the side. Sensitivity to temperature and pressure. Pain down posterior shoulder, brachium and into mid forearm.; patient has tried baclofen and it alleviated cramping but did not help with pain; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiculopathy; Radiculopathy; There has been treatment or conservative therapy.; Radiculopathy; Radiculopathy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | This study is being ordered for a neurological disorder.; 06-28-21; It is not known if there has been any treatment or conservative therapy.; Patient is having tingling and weakness and extremely weak.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Unknown; This study is being ordered for a neurological disorder.; 08/17/2021; There has not been any treatment or conservative therapy.; Episode of weakness and numbness. Patient collapsed and was unable to get up. Weakness ever since. Possible stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Low back pain successfully treated with ESI/Ganglion Impar/Caudal presenting today for follow evaluation and treatment of above complaint. Patient today is primarily complaining of lower back pain that starts at the top of her buttock and radiates to her ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; Weakness is worse on the LLE. The tingling/numbness is constant. He does not notice any provoking or relieving factors. He has difficulty standing up; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | ; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; Weakness is worse on the LLE. The tingling/numbness is constant. He does not notice any provoking or relieving factors. He has difficulty standing up; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-----------|-------------|---|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation | | MRI for further;evaluation and possible identification of seizure focus.;Possible candidate for epilepsy surgery. To evaluate for that will need further testing including EMU admission, PET CT and MEG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 04/12/2021; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 5 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 5 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 2/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 04/12/2021; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; DIZZINESS, INTENSE BACK PAIN, INSOMNIA; MEDICATIONS, ACTIVITY MODIFICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | 38yo lady with reported vertebral dissection and posterior stroke. Repeat MRI. Check CTA head and neck.; This study is being ordered for a neurological disorder.; September 2020; There has been treatment or conservative therapy.; Still severe vertigo with moving a vehicle or bending over;She also has allodynia from the legs down. Also involves up to her waist;Head pounding; previous imaging @ UAMS and treatment from previous neurologist;treated with medication and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Congenital Vascular malformation of the nervous system, History of cerebrovascular accident,Migraine.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; She says she has been doing well and she sometimes feels ill with numb and weak on the left side, been having 1-2 migraines per week.; She is taking aspirin for coronary artery disease,also on statin. She says her blood pressure is well controlled.She says she was also followed at Mayo Clinic in Jacksonville and I do not have records for that.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the brain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 2/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; DIZZINESS, INTENSE BACK PAIN, INSOMNIA; MEDICATIONS, ACTIVITY MODIFICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | 38yo lady with reported vertebral dissection and posterior stroke. Repeat MRI. Check CTA head and neck.; This study is being ordered for a neurological disorder.; September 2020; There has been treatment or conservative therapy.; Still severe vertigo with moving a vehicle or bending over;She also has allodynia from the legs down. Also involves up to her waist;Head pounding; previous imaging @ UAMS and treatment from previous neurologist;treated with medication and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Congenital Vascular malformation of the nervous system, History of cerebrovascular accident, Migraine.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; She says she has been doing well and she sometimes feels ill with numb and weak on the left side, been having 1-2 migraines per week.; She is taking aspirin for coronary artery disease, also on statin. She says her blood pressure is well controlled. She says she was also followed at Mayo Clinic in Jacksonville and I do not have records for that.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient has neurofibromatosis and these test are needed to rule out intracranial tumors; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Carotid or vertebral dissection suspected; assess for underlying causes of migraines with severe right sided neck pain since 2016; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | consult for syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | family hx aneurysms throbbing temporal pain left to rt side.; This study is being ordered for a neurological disorder.; 9/10 severe headaches throbbing; There has been treatment or conservative therapy.; severe new daily headaches,neck pain; tyl- helps some takes daily. ibp- can help, excedrin works well.;;family hx of aneurysms ;white count 14 ;cmp tsh free t4 normal;;headaches are throbbingh pressrue pain with +photophob sometimes v/v +worse c activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | New on-set seizure; This study is being ordered for a neurological disorder.; Epilepsy; There has not been any treatment or conservative therapy.; New on-set seizure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient has Headache, chronic, with new features ;Dizziness, non-specific ;Dizziness, persistent/recurrent, cardiac or vascular cause suspected; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Rule out CVA and aneurysm; This study is being ordered for a neurological disorder.; 05/19/2019; There has been treatment or conservative therapy.;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-----------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Carotid or vertebral dissection suspected; assess for underlying causes of migraines with severe right sided neck pain since 2016; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | consult for syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; TREMORS; ; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | 8-5-21 hyperreflexia; There has been treatment or conservative therapy.; Hyperreflexia, migraines; NSAIDS, Home exercises; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | 38yo lady with reported vertebral dissection and posterior stroke. Repeat MRI. Check CTA head and neck.; This study is being ordered for a neurological disorder.; September 2020; There has been treatment or conservative therapy.; Still severe vertigo with moving a vehicle or bending over;She also has allodynia from the legs down. Also involves up to her waist;Head pounding; previous imaging @ UAMS and treatment from previous neurologist;treated with medication and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | 1980; There has been treatment or conservative therapy.; light sensitivity, n/v, aura; gabapentin and excedrin; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | consult for syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain; medicationPTHEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | MRI Brain and MRI Face/Cranial nerve to eval bells palsy. Lsided.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Patient has neurofibromatosis and these test are needed to rule out intracranial tumors; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Rule out CVA and aneurysm; This study is being ordered for a neurological disorder.; 05/19/2019; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 28 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 2/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; She started having migraines in her late 20s, which she thought was associated with blood pressure medications. Once the blood pressure medication was changed, the migraines decreased then she started having allergic reactions to all types of foods and m; There has been treatment or conservative therapy.; left handed female that presents today to establish care for her diagnosis of migraine headaches. She has a past medical history of breast cancer s/p chemo, radiation in 2009, hypertension, depression, arthralgias, and "thickening of uterus". In her 20's.; She started having migraines in her late 20s, which she thought was associated with blood pressure medications. Once the blood pressure medication was changed, the migraines decreased then she started having allergic reactions to all types of foods and m; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Neck trauma, MRI completed 09/05/21, needs further testing due to fx & findings; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; TREMORS; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | 1980; There has been treatment or conservative therapy.; light sensitivity, n/v, aura; gabapentin and exceedrin; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | abnormal nerve conduction study, pain, weakness and numbness in LUE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | CHIEF COMPLAINT: Memory loss; cervical spinal stenosis; myelopathy.;;HISTORY OF PRESENT ILLNESS: Deanna returns to Missouri Memory Center today to review memory loss, cervical spinal stenosis, and myelopathy. I last saw Deanna for initial consultatio; Long history of cognitive concerns with comprehensive neuropsychological assessment showing no neurocognitive diagnosis and no evidence for neurodegenerative disease. At this point, I am going to diagnose this as subjective cognitive impairment-- chronic; It is not known if there has been any treatment or conservative therapy.; PLAN;1. I again had a long and detailed discussion today with Deanna concerning options for further management of her spinal disease.;2. She needs followup MRI of cervical and thoracic spine, specifically to monitor encephalomalacia and to be certain; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; pain; Home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain; medicationPTHEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain, one sided weakness, bowel dysfunction; Medications, HEP, PT; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain; medication Pt, and home exercises; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Unknown; There has been treatment or conservative therapy.; Pain; PT, HEP; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain; PT, HEP; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here -;ABNORMAL LABS; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative ;;Started doing physical therapy about 5 weeks ago, using a walker.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | MRI brain with and without contrast- assess for underlying causes of HA ;MRI cervical spine with and without contrast- assess for underlying causes of neck pain with radiculopathy; There has been treatment or conservative therapy.; ; She is currently prescribes Aimovig. She has been on 140mg/ML for the past 4 months. She has previously tried and failed Sumatriptan, Rizatriptan, and Eletriptan. She has also tried Nurtec. Ajovy 225 mg/1.5 subcutaneous injection once every 28 days. Conti; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | N/A; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; MS; medicationpt home exercises muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | parn; unknown; There has been treatment or conservative therapy.; The patient is experience pain; patient is on medicine and patient is in therapy; This study is being ordered for Multiple Sclerosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has neurofibromatosis and these test are needed to rule out intracranial tumors; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for a neurological disorder.; 06-28-21; It is not known if there has been any treatment or conservative therapy.; Patient is having tingling and weakness and extremely weak.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | UNKNOWN; There has been treatment or conservative therapy.; HEADACHE WITH NECK PAIN. MUSCLE SPASMS, HISTORY OF ADHD, CONFUSION. CHRONIC PAIN BECOMING SEVERE. PRESSURE. PROGRESSION OF THESE COMPLAINTS.; PAIN MEDICATION. MUSCLE RELAXERS.; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | came to the clinic to establish care regarding NF. She was diagnosed at ACH long back, has been largely stable except for seizures, migraines and bells palsy with optic nerve glioma. She was sporadic case, dont have a known family history of NF. She has b; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; pain; Home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain; medicationPTHEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Unknown; There has been treatment or conservative therapy.; Pain; PT HEP; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | N/A; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; MS; medicationont home exercises muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | n/a; unknown; There has been treatment or conservative therapy.; pain; medication, physical therapy and home exercises; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | parn; unknown; There has been treatment or conservative therapy.; The patient is experience pain; patient is on medicine and patient is in therapy; This study is being ordered for Multiple Sclerosis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has neurofibromatosis and these test are needed to rule out intracranial tumors; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Previous MRI showed Lipomas.; 07/13/2020; There has been treatment or conservative therapy.; Bilateral Lower Extremity weakness, severe pain and falls; Gabapentin, Tizanidine, Amitriptyline, Hydrocodone-Acetaminophen, Pain Management; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy. ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | came to the clinic to establish care regarding NF. She was diagnosed at ACH long back, has been largely stable except for seizures, migraines and bells palsy with optic nerve glioma. She was sporadic case, dont have a known family history of NF. She has b; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | CHIEF COMPLAINT: Memory loss; cervical spinal stenosis; myelopathy.;;HISTORY OF PRESENT ILLNESS: Deanna returns to Missouri Memory Center today to review memory loss, cervical spinal stenosis, and myelopathy. I last saw Deanna for initial consultatio; Long history of cognitive concerns with comprehensive neuropsychological assessment showing no neurocognitive diagnosis and no evidence for neurodegenerative disease. At this point, I am going to diagnose this as subjective cognitive impairment--chronic. It is not known if there has been any treatment or conservative therapy.; PLAN;1. I again had a long and detailed discussion today with Deanna concerning options for further management of her spinal disease.;2. She needs followup MRI of cervical and thoracic spine, specifically to monitor encephalomalacia and to be certain; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain; medicationPTHEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain, one sided weakness, bowel dysfunction; Medications, HEP, PT; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain; medication Pt, and home exercises; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. Unknown; There has been treatment or conservative therapy.; Pain; PT, HEP; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain; PT, HEP; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here -:ABNORMAL LABS; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative ;;Started doing physical therapy about 5 weeks ago, using a walker.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | N/A; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; MS; medicationpt home exercises muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has neurofibromatosis and these test are needed to rule out intracranial tumors; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Previous MRI showed Lipomas.; 07/13/2020; There has been treatment or conservative therapy.; Bilateral Lower Extremity weakness, severe pain and falls; Gabapentin, Tizanidine, Amitriptyline, Hydrocodone-Acetaminophen, Pain Management; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Concern for radiculopathy. Rule out disc disease;L5-S1.;Left lower limb numbness since localized radiation therapy. Concern for nerve scarring.;Concern for cancer recurrence.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-----------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | abnormal nerve conduction study, pain, weakness and numbness in LUE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the lower extremity. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Concern for radiculopathy. Rule out disc disease;L5-S1.;Left lower limb numbness since localized radiation therapy. Concern for nerve scarring.;Concern for cancer reoccurrence.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation | Radiology Services Denied Not Medically Necessary | Evaluation of dementia. Patient has memory loss. He has history of stroke. Need to know if memory loss, is related to dementia vs CVA.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.; This patient is NOT enrolled in the Imaging Dementia - Evidence for Amyloid Scanning (IDEAS) clinical trial. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation | Radiology Services Denied Not Medically Necessary | frontotemporal dementia, presenile dementia, uncomplicated; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.; This patient is NOT enrolled in the Imaging Dementia - Evidence for Amyloid Scanning (IDEAS) clinical trial. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation | Radiology Services Denied Not Medically Necessary | pt is also having seizure activity; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.; This patient is NOT enrolled in the Imaging Dementia - Evidence for Amyloid Scanning (IDEAS) clinical trial. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Neurology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; She started having migraines in her late 20s, which she thought was associated with blood pressure medications. Once the blood pressure medication was changed, the migraines decreased then she started having allergic reactions to all types of foods and m; There has been treatment or conservative therapy.; left handed female that presents today to establish care for her diagnosis of migraine headaches. She has a past medical history of breast cancer s/p chemo, radiation in 2009, hypertension, depression, arthralgias, and "thickening of uterus". In her 20's.; She started having migraines in her late 20s, which she thought was associated with blood pressure medications. Once the blood pressure medication was changed, the migraines decreased then she started having allergic reactions to all types of foods and m; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 71250 Computed tomography, thorax; without contrast material | | 'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 71250 Computed tomography, thorax; without contrast material | | 07/06/2021; There has not been any treatment or conservative therapy.; pain; bleeding.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 71250 Computed tomography, thorax; without contrast material | | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 71250 Computed tomography, thorax; without contrast material | Disease: grade 1 endometrial adenocarcinoma ;Stage: II ;Surgeon: Burnett ;Treatment: s/p RA, TLH/BSO/BBLND on 5/13/15; vaginal cuff brachytherapy completed June 2015; excision of abdominal wall mass at OSH on 10/7/17; radiation of abdominal wall recurr; There has been treatment or conservative therapy.; Disease: grade 1 endometrial adenocarcinoma ;Stage: II ;Surgeon: Burnett ;Treatment: s/p RA, TLH/BSO/BBLND on 5/13/15; vaginal cuff brachytherapy completed June 2015; excision of abdominal wall mass at OSH on 10/7/17; radiation of abdominal wall recurr; Disease: grade 1 endometrial adenocarcinoma ;Stage: II ;Surgeon: Burnett ;Treatment: s/p RA, TLH/BSO/BBLND on 5/13/15; vaginal cuff brachytherapy completed June 2015; excision of abdominal wall mass at OSH on 10/7/17; radiation of abdominal wall recurr; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72192 Computed tomography, pelvis; without contrast material | 07/06/2021; There has not been any treatment or conservative therapy.; pain; bleeding.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72192 Computed tomography, pelvis; without contrast material | peer to peer note trk# 112101217820 "9/8/2021 11:17:38 AMNOTEPeer-to-Peer Discussion held. Case decision discussed with and understood by MD. Synopsis of discussion: Spoke with MD .. only need pelvis CT No ABD CT needed .Larry Wilf, MD"; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72192 Computed tomography, pelvis; without contrast material | post operative, during a c section delivery Mdo found incidental cyspotomy , check healing; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; it is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.; The surgery being considered is NOT a hip replacement surgery. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | clinicals uploaded; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Endometrial hyperplasia; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | EnUterine fibroid, symptomatic;Dx: Pelvic pain ; Tenderness of uterus ; Uterine leiomyoma, unspecified location; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | PATIENT HAD ULTRA SOUND SHOWED A BI CORANT URTERUS;; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74150 Computed tomography, abdomen; without contrast material | 07/06/2021; There has not been any treatment or conservative therapy.; pain; bleeding.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Disease: grade 1 endometrial adenocarcinoma ;Stage: II ;Surgeon: Burnett ;Treatment: s/p RA, TLH/BSO/BBLND on 5/13/15; vaginal cuff brachytherapy completed June 2015; excision of abdominal wall mass at OSH on 10/7/17; radiation of abdominal wall recurr; There has been treatment or conservative therapy.; Disease: grade 1 endometrial adenocarcinoma ;Stage: II ;Surgeon: Burnett ;Treatment: s/p RA, TLH/BSO/BBLND on 5/13/15; vaginal cuff brachytherapy completed June 2015; excision of abdominal wall mass at OSH on 10/7/17; radiation of abdominal wall recurr; Disease: grade 1 endometrial adenocarcinoma ;Stage: II ;Surgeon: Burnett ;Treatment: s/p RA, TLH/BSO/BBLND on 5/13/15; vaginal cuff brachytherapy completed June 2015; excision of abdominal wall mass at OSH on 10/7/17; radiation of abdominal wall recurr; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | lifetime risk is 20.9; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | newly diagnostic in the right breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Patient has been monitored for last 3 months for episodes of right nipple discharge. US on 6/29/21 was Inconclusive, Bi-rads 3. Repeated US on 8/9/21 still inconclusive, Radiologist requests MRI done at this time.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Patient has history of lumpectomy of right breast and bilateral breast augmentation with saline implants in 2003. Patient is currently experiencing pain/tenderness in right breast to axilla area. Underwent Diagnostic Mammo and Rt US on 6/30/21, prelim res; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Patient has lifetime risk of 22%, Breast cancer in Half-sister and Maternal Aunt. Ovarian cancer in Maternal Aunt. Patient is also having sharp pain in right breast.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Pt is new Atypical lobular cancer diagnosis; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | unknown; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. It is not known if there is a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; It is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); WILL FAX; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Radiology Services Denied Not Medically Necessary | This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OB/Gynecology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Occupational Medicine | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2021; There has not been any treatment or conservative therapy.; constipation; vomiting; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Occupational Medicine | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2021; There has not been any treatment or conservative therapy.; constipation; vomiting; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------------|-------------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Occupational Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2021; acds C 4 =5; Post-Op; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; BARTHEL INDEX; 30%; The anticipated number of visits is other than 2.; BARTHEL INDEX; 30%; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non- | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Occupational Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; photo; 64; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Occupational Medicine | Disapproval | 73200 Computed tomography, upper extremity; without contrast material | Radiology Services Denied Not Medically Necessary | 1 2021 | Jul-Sep 2021 |

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT

| | | | | | | | | | |
|----------------------|----------|-----------------------|-------------|--|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Occupational Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 04/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 7 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | | This is a request for a thoracic spine MRI; This study is being ordered for Known Tumor with or without metastasis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------|-------------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; THORACIC RADICULOPATHY | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Yes, this is a request for CT Angiography of the Neck. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | ct of optic nerves; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/21; There has not been any treatment or conservative therapy.; visual anomalies in left eye, started with migraine and turned into foggy stripes in left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Diplopia Esotropia of right eye; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 9/4/2021; There has not been any treatment or conservative therapy.; Headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; headaches and vision loss; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; headache, nausea, abnormal CT scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a few months ago; There has not been any treatment or conservative therapy.; Pt has decreases in vision in both eyes, headaches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | History of brain surgery and angioma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/24/21; It is not known if there has been any treatment or conservative therapy.; Diplopia; left exotropia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | None; This study is being ordered for Congenital Anomaly.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | optic trat lesion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Patient reports initial vision decline back in 11/2020, improved but now worsening again. ;No pain on initial presentation. ;"Gray floating blob" in central vision sees black spots in both eyes;No FH MS;No smoking;No Uhthoff's;No L'hermitte's;H/o V; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Pt has inferior altitudinal defect, part of her visual field defect; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/20/2021; There has not been any treatment or conservative therapy.; Pt has flashes daily, floaters, atrophy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | PTC with ON pallor. history of shunt. headaches. Sensory RXT.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 9/4/2021; There has not been any treatment or conservative therapy.; Headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | extropia, PTC with ON pallor, Sensory RTZX, Tumefactive orbital pseudotumor, Myopia OU, Spasms causing headaches originating from neck and burning in eyes.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ct of optic nerves,; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/21; There has not been any treatment or conservative therapy.; visual anomalies in left eye, started with migraine and turned into foggy stripes in left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Diplopia Esotropia of right eye; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 07/10/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 9/4/2021; There has not been any treatment or conservative therapy.; Headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 9/10/10; There has not been any treatment or conservative therapy.; vision abnormalities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; headaches and vision loss; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; headache, nausea, abnormal CT scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a few months ago; There has not been any treatment or conservative therapy.; Pt has decreases in vision in both eyes, headaches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Evaluation of pseudotumor cerebri. Eye exam reveals swollen optic nerves. After meuroimaging and LP he was diagnosed with PTC.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | None; This study is being ordered for Congenital Anomaly.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | optic trat lesion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | please see medical records; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Pt has inferior altitudinal defect, part of her visual field defect; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/20/2021; There has not been any treatment or conservative therapy.; Pt has flashes daily, floaters, atrophy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | PTC with ON pallor. history of shunt. headaches. Sensory RXT.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Evaluation of Optic Neuritis best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | 1 2021 | Jul-Sep 2021 |
| | | | | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 9/10/10; There has not been any treatment or conservative therapy.; vision abnormalities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | | |

| | | | | | | | | |
|----------------------|----------|---------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 9/10/10; There has not been any treatment or conservative therapy.; vision abnormalities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Evaluation of pseudotumor cerebri. Eye exam reveals swollen optic nerves. After neuroimaging and LP he was diagnosed with PTC.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for trauma or injury.; 7-10 days prior to today's date 8/31/2021.; It is not known if there has been any treatment or conservative therapy.; Vision loss.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 07/10/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Evaluation of pseudotumor cerebri. Eye exam reveals swollen optic nerves. After neuroimaging and LP he was diagnosed with PTC.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Unknown; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; This study is being ordered for trauma or injury.; 7-10 days prior to today's date 8/31/2021.; It is not known if there has been any treatment or conservative therapy.; Vision loss.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Ophthalmology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oral/Maxillofacial | Approval | 70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | | This is a request for a temporomandibular joint MRI. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oral/Maxillofacial | Disapproval | 70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | Radiology Services Denied Not Medically Necessary | This is a request for a temporomandibular joint MRI. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Oral/Maxillofacial | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 70450 Computed tomography, head or brain; without contrast material | | head trauma along with a fracture pt having pain along with headaches, also numbness and tingling in upper extremity joints; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Yes, this is a request for CT Angiography of the Neck. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 71250 Computed tomography, thorax; without contrast material | sarcoma, eval for metastatic disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | This study is being ordered for follow-up to trauma.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | head trauma along with a fracture pt having pain along with headaches, also numbness and tingling in upper extremity joints; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72128 Computed tomography, thoracic spine; without contrast material | This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | 07/08/2021 Gauntt, Perry Marklin to Grimsley, Roslyn Ann, APRN, CNP UAMS 2:11 PM 07/08/2021;I saw Michael Cassat this morning regarding ongoing back pain and difficulty walking. I am being considered for several surgical and non-surgical interventions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIAL ONSET 2015;REASON BACK IN NO LONGER TOLERABLE PROGRESSING AND MORE SYMPTOMS HAVE DEVELOPED;;previously underwent a multilevel fusion of his lumbar spine. He reports that he has always had back pain since his surgery, recently begun having sign; There has been treatment or conservative therapy.; back pain ;difficulty walking.;;He reports that he has always had back pain since his surgery, recently begun having significant leg symptoms, weakness, sensory change, balance and gait abnormality. Reports that he did have radicular leg pain after su; Spinal Surgery cervical and Lumbar with Hardware;;gabapentin 100 mg;ibuprofen high dose;naproxen 220 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Reflexes are equal but diminished in the patella and achilles areas. Muscle testing shows knee extension on the right to be 4/5 and knee extension on the left to be 4/5. Sensation in intact bilaterally in both legs. Reflexes are equal bilaterally but a; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; This is an 82 year old female who is being seen for right hip pain. This occurred in the context of having chronic;hip pain. The pain has been present for 2 months. The right hip pain constantly occurs. The right hip pain is described;as radiating, shar; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; e continues to have back pain that radiates down the right leg the pain is severe. He is having to use a cane. The leg is weak. He is having falls due to the weakness.;He has had numerous epidural injections with Dr. Roman.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | 07/08/2021 Gauntt, Perry Marklin to Grimsley, Roslyn Ann, APRN, CNP UAMS 2:11 PM 07/08/2021;I saw Michael Cassat this morning regarding ongoing back pain and difficulty walking. I am being considered for several surgical and non-surgical interventions;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIAL ONSET 2015;REASON BACK IN NO LONGER TOLERABLE PROGRESSING AND MORE SYMPTOMS HAVE DEVELOPED;;previously underwent a multilevel fusion of his lumbar spine. He reports that he has always had back pain since his surgery, recently begun having sign; There has been treatment or conservative therapy.; back pain ;difficulty walking.;;He reports that he has always had back pain since his surgery, recently begun having significant leg symptoms, weakness, sensory change, balance and gait abnormality. Reports that he did have radicular leg pain after su; Spinal Surgery cervical and Lumbar with Hardware;;gabapentin 100 mg;ibuprofen high dose;naxopen 220 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | A complete 14 point review of systems was negative except for HPI. This includes General, ENT, Eyes, Respiratory, Cardiovascular, GI, Endocrine, Hematologic, Genitourinary, Musculoskeletal, Skin, Immunologic, Neurologic, and Psychiatric. shoulder pain and; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | bilateral blount's disease, severe morbid obesity, scoliosis, lymphedema, back pain, numbness, neuropathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | See Clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | SEE NOTES THAT WILL BE UPLOADED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CERVICAL SPINE PAIN WITH RADICULOPATHY //AND LEFT SHOULDER PAIN SUSPECTED ROTATOR CUFF TEAR. XRAY'S ARE NORMAL , INJECTION IN LEFT SHOULDER FAILED TO PROVIDE RELIEF.; There has been treatment or conservative therapy.; DNECK PAIN WITH RADICULOPATHY AND LEFT SHOULDER PAIN AND CANT RAISE ARM ABOVE HEAD.; RICE, INJECTION STEROIDS FOR SHOULDER AND , ORAL STEROIDS FOR CERVICAL PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 9 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Timothy Lynn Ritchie is a 61 y.o. male who presents to clinic with a history of papillary thyroid carcinoma status post thyroidectomy at an outside hospital 9/18. He is SP surgery to the left neck that showed papillary in a lymphnode. His treatment scan 1; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Weakness; 05/21/2016; There has been treatment or conservative therapy.; Severe pain in neck and back. weakness, numbness, Bowel/Bladder changes, Fine motor control problems, falls and assistive device required; Patient has had physical therapy, chiropractic Care; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; 8/15/20; There has been treatment or conservative therapy.; Thoracic and lumbar pain with numbness in bilateral legs; Physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | bilateral blount's disease, severe morbid obesity, scoliosis, lymphedema, back pain, numbness, neuropathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | See Clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Suspected T5 compression fracture; 6 months; There has been treatment or conservative therapy.; pain; NSAIDs; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; paraspinal tenderness and spasms, weakness, dec rom | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Concern for radiculitis , right C7;Of note there is also concern for cervical myelopathy including thoracic spinal cord compression given her symptomatology.;;nonspecific bilateral extremity pain in which she describes as losing her balance and inabi | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Timothy Lynn Ritchie is a 61 y.o. male who presents to clinic with a history of papillary thyroid carcinoma status post thyroidectomy at an outside hospital 9/18. He is SP surgery to the left neck that showed papillary in a lymphnode. His treatment scan 1; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | to discern any other etiology that is causing her severe pain.; This study is being ordered for trauma or injury.; 07/22/21; There has been treatment or conservative therapy.; Severe Pain, fractured T 11 (compression fracture); Describe treatment / conservative therapy here - Narcotic pain medicine, NSAIDS, Back brace.xrays, Rest. Physical therapy is contraindicated until we find out more after MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; 8/15/20; There has been treatment or conservative therapy.; Thoracic and lumbar pain with numbness in bilateral legs; Physical therapy; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | 07/08/2021 Gauntt, Perry Marklin to Grimsley, Roslyn Ann, APRN, CNP UAMS 2:11 PM 07/08/2021;I saw Michael Cassat this morning regarding ongoing back pain and difficulty walking. I am being considered for several surgical and non-surgical interventions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIAL ONSET 2015;REASON BACK IN NO LONGER TOLERABLE PROGRESSING AND MORE SYMPTOMS HAVE DEVELOPED;;previously underwent a multilevel fusion of his lumbar spine. He reports that he has always had back pain since his surgery, recently begun having sign; There has been treatment or conservative therapy.; back pain ;difficulty walking.;;He reports that he has always had back pain since his surgery, recently begun having significant leg symptoms, weakness, sensory change, balance and gait abnormality. Reports that he did have radicular leg pain after su; Spinal Surgery cervical and Lumbar with Hardware;;gabapentin 100 mg;ibuprofen high dose;naproxen 220 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | bilateral blount's disease, severe morbid obesity, scoliosis, lymphedema, back pain, numbness, neuropathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Left S1 numbness, right sciatica, limitation right hipatrophy of the left leg with significant sciatica bilaterally absent of ankle reflex. Dull, sharp, burning, aching, stabbing, tingling, shooting pain in back. Right hip has collapsed and avascular ne; This study is being ordered for trauma or injury.; 01/01/2019; There has been treatment or conservative therapy.; Atrophy of the the left leg with significant sciatica bilaterally absent of ankle reflex and red flags. Marked abnormal configuration of the femoral head with flattening of the femoral head with possible avascular necrosis.; Patient has had non-steriodal anti-inflammatory mediacation, lifestyle modificaton, spinal exercises and home exercise program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | MSK: Sensation is intact to light touch throughout the bilateral lower extremities. He does have 2 beats of clonus bilaterally. Otherwise Achilles and patellar reflexes are unremarkable. Babinski is unremarkable. He has 5/5 strength with; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEPTEMBER 2016; There has been treatment or conservative therapy.; This is about 5/10 in the mornings is about 7/10 at the end of his workday. He has pain radiating into the buttock on the left and also into the groin and left knee. He has attempted knee braces and topical creams for this pain without success. His pai; This is about 5/10 in the mornings is about 7/10 at the end of his workday. He has pain radiating into the buttock on the left and also into the groin and left knee. He has attempted knee braces and topical creams for this pain without success. His pai; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | See Clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Suspected T5 compression fracture; 6 months; There has been treatment or conservative therapy.; pain; NSAIDs; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 33 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 53 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Timothy Lynn Ritchie is a 61 y.o. male who presents to clinic with a history of papillary thyroid carcinoma status post thyroidectomy at an outside hospital 9/18. He is SP surgery to the left neck that showed papillary in a lymphnode. His treatment scan 1; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Weakness; 05/21/2016; There has been treatment or conservative therapy.; Severe pain in neck and back. weakness, numbness, Bowel/Bladder changes, Fine motor control problems, falls and assistive device required; Patient has had physical therapy, chiropractic Care; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72192 Computed tomography, pelvis; without contrast material | f left knee joint instability, pain, and weakness. It is giving way;and radiating. The symptoms have been present for 2 weeks;;Patient continues to have left hip and leg pain. Now he is really having a hard time walking. A lot of pain behind his knee. ; This study is being ordered for Inflammatory/ Infectious Disease.; The patient complains of left knee joint instability, pain, and weakness. It is giving way;and radiating. The symptoms have been present for 2 weeks;; This is a 72 year old male who is following up for Post-op Hip Total Hip Arthroplasty on the left hip ; There has been treatment or conservative therapy.; left knee joint instability, pain, and weakness. It is giving way;and radiating. The symptoms have been present for 2 weeks; Steroid dosepak and P.T.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 6 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | <p>Left S1 numbness, right sciatica, limitation right hipatrophy of the left leg with significant sciatica bilaterally absent of ankle reflex. Dull, sharp, burning, aching, stabbing, tingling, shooting pain in back. Right hip has collapsed and avascular ne; This study is being ordered for trauma or injury.; 01/01/2019; There has been treatment or conservative therapy.; Atrophy of the the left leg with significant sciatica bilaterally absent of ankle reflex and red flags. Marked abnormal configuration of the femoral head with flattening of the femoral head with possible avascular necrosis.; Patient has had non-steriodal anti-inflammatory mediacation, lifestyle modificaton, spinal exercises and home exercise program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | <p>MSK: Sensation is intact to light touch throughout the bilateral lower extremities. He does have 2 beats of clonus bilaterally. Otherwise Achilles and patellar reflexes are unremarkable. Babinski is unremarkable. He has 5/5 strength with; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEPTEMBER 2016; There has been treatment or conservative therapy.; This is about 5/10 in the mornings is about 7/10 at the end of his workday. He has pain radiating into the buttock on the left and also into the groin and left knee. He has attempted knee braces and topical creams for this pain without success. His pai; This is about 5/10 in the mornings is about 7/10 at the end of his workday. He has pain radiating into the buttock on the left and also into the groin and left knee. He has attempted knee braces and topical creams for this pain without success. His pai; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | <p>PT WAS INJURED ONE WEEK PRIOR, LADDER COLLAPSED AND HE FELL 10FT ONTO CONCRETE LANDING ON HIS HIP. ANYTIME HE FLEXES AND MOVES HE HAS INTENSE PAIN. XRAY SHOWS NORMAL, OP BELIEVES HE HAS AN ACULT PELVIS FRACTURE ABOUT PUBIC AREA, PAIN UPON ROM, PT ON NON W; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum.</p> | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73200 Computed tomography, upper extremity; without contrast material | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73200 Computed tomography, upper extremity; without contrast material | There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 45 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the upper extremity. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; This study is being ordered for Inflammatory/ Infectious Disease.; Reason for Exam Soft tissue infection suspected elbow, xray done to evaluate left elbow and proximal forearm for osteomyelitis Dx Infection of ulna (HCC) M86.9 (ICD-10-CM) Reason for Exam Forearm pain osteomyelitis suspected xray done to evaluate elbow an; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ASSESSMENT;;Right fifth CMC joint dislocation. Date of injury June 2021;Right hand atrophy;Post-traumatic right median and ulnar neuropathies. This study is being ordered for trauma or injury.; June 2021; There has been treatment or conservative therapy.; pain, swelling, diminished ROM, muscle atrophy, numbness and tingling, bony mass over ulnar aspect of the hand and wrist, tender to palpation, extension lag; hand splint, activity modification, NSAIDs, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This is a request for an elbow MRI; It is not know if the study is requested for evaluation of elbow pain | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; This study is being ordered for inflammatory/ Infectious Disease.; Reason for Exam Soft tissue infection suspected elbow, xray done to evaluate left elbow and proximal forearm for osteomyelitis Dx Infection of ulna (HCC) M86.9 (ICD-10-CM) Reason for Exam Forearm pain osteomyelitis suspected xray done to evaluate elbow an; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here;05/2021; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | A complete 14 point review of systems was negative except for HPI. This includes General, ENT, Eyes, Respiratory, Cardiovascular, GI, Endocrine, Hematologic, Genitourinary, Musculoskeletal, Skin, Immunologic, Neurologic, and Psychiatric. shoulder pain and; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ASSESSMENT;;Right fifth CMC joint dislocation. Date of injury June 2021;Right hand atrophy;Post-traumatic right median and ulnar neuropathies; This study is being ordered for trauma or injury.; June 2021; There has been treatment or conservative therapy.; pain, swelling, diminished ROM, muscle atrophy, numbness and tingling, bony mass over ulnar aspect of the hand and wrist, tender to palpation, extension lag; hand splint, activity modification, NSAIDs, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Diagnosis Codes;;M75.51 Bursitis of right shoulder, M75.41 Impingement syndrome of right shoulder, M75.52 Bursitis of left shoulder, M75.42 Impingement syndrome of left shoulder;;Impression: ;Right subacromial bursitis ;Bilateral shoulder impingement; This study is being ordered for trauma or injury.; 07/2021; There has been treatment or conservative therapy.; throbbing, aching and burning; HOME STRETCHING, NSAIDS, ICE, REST AND CHIROPRACTIC CARE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Dr Franz needs to review MRI to decide about surgical intervention; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | His xrays today show bilateral AC joint arthritis. His exams are consistent with AC joint arthritis and impingement syndrome. He had failed 2 years of conservative care of home exercise program, chiropractic care, exercise modification. We will send him f; This study is being ordered for trauma or injury.; 2 years (2 bike wrecks last one was 6-8 months ago); There has been treatment or conservative therapy.; pain, popping/clicking, limited ROM; home exercise program, chiropractic care, exercise modification, pervious injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | lifting a large headboard onto a trailer by himself. Patient reports he felt several pops in the anterior aspect of his left elbow followed by sharp pain.;Patient is very tender with palpation over the insertion of the biceps tendon at the anterior elbow; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | MRI ARTHOGRAM WITH CONTRAST OF THE RIGHT SHOULDER IS FOR A SUSPECTED ROTATOR CUFF TEAR, AND THE RIGHT KNEE MRI WITHOUT CONTRAST IS FOR POSSIBLE MENISUS TEAR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | MRI left wrist since patient has nonspecific swelling and pain with no injury despite time, rest, negative xrays and activity modifications.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | numbness, swelling, wearing brace; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | PATIENT HAS A WRIST INJURY, HAS BEEN TREATED CONSERVATIVELY FOR SEVERAL MONTHS WITH NO PAIN RELIEF. HAS HAD INJECTIONS, CHANGE IN ACTIVITY, ,STILL HAS DECREASED ROM, TENDERNESS, THERE IS CONCERN FOR TFCC INJURY; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Patient has failed treatment on 6-16-2021 pt was given Recommend conservative treatment at the present time to include;2. NSAID prescription given.;3. Handout given on tennis elbow with home exercises given to be performed daily.;4. Physical therapy p; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Physical exam;She has a good range of motion with some limitation on internal rotation and abduction secondary to pain;She has a positive impingement test but this predominantly causes pain in the biceps and the right elbow. She is very tender over the ; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | possible wrist fracture or ligament tear due to injury; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | r/o injury to the druj; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Relevant history includes osteoarthritis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; One year ago.; There has been treatment or conservative therapy.; mild, constant,;radiating, sharp, and interfering with every day activity and associated with pain, loss of motion, stiffness, weakness,;numbness and tingling, pain radiating past elbow into hand. Symptoms are provoked by;getting dressed and undressed,; Steroid injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | right hand swelling and burning pain with numbness and tingling.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | right side shows radiocarpal arthritis involving the lunate and the radius as well as cystic changes of the bone, increased space between the scaphoid and lunate, and starts/beginnings of a DISI deformity on the lateral film. This is consistent with a sca; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | SEE NOTES THAT WILL BE UPLOADED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CERVICAL SPINE PAIN WITH RADICULOPATHY //AND LEFT SHOULDER PAIN SUSPECTED ROTATOR CUFF TEAR. XRAYS ARE NORMAL , INJECTION IN LEFT SHOULDER FAILED TO PROVIDE RELIEF.; There has been treatment or conservative therapy.; DNECK PAIN WITH RADICULOPATHY AND LEFT SHOULDER PAIN AND CANT RAISE ARM ABOVE HEAD.; RICE, INJECTION STEROIDS FOR SHOULDER AND , ORAL STEROIDS FOR CERVICAL PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | She does have neurologic symptoms of burning electrical sensations more of the dorsal radial sensory nerve distribution area than the median nerve; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | shoulder pain includes radiating pain down into upper arm and occasionally down into the hand as well as to the posterior area of the scapula.sensation of weakness with her hands. History of rotator cuff repair. Neer is positive and reproduces symptoms. H; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Subluxation of extensor carpi ulnaris tendon, left, initial encounter, wrist fracture, tendon/ligament injury suspected, xray done; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; started year ago, home exercises, NSAID, provided no relief | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 50 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; He has been doing at home stretches- designated by his PCP and pain has continued.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient was just given home exercise of simple range of motion exercises on her visit 8-10-2021. However the patient has been on Gabapentin 600 mg daily since 2020.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks. | 12 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 44 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; clinicals attached; The patient received medication other than joint injections(s) or oral analgesics.; prednisone | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home stretching and strengthening program; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Unknown; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Unknown; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Unknown; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | unknown; The study is not requested for any of the standard indications for Knee MRI; This request is for a wrist MRI.; It is not known if the reason for the study is evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | was referred. He initially presented with left elbow pain, but was told elbow pain was related to CTS. He is having difficulty sleeping due to numbness. Elbow pain persists and is most bothersome today. Pain is deep in his elbow.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Wrist trauma, neurovasc/lig/tendon injury suspected ;potential ligament injury, synovytis;;Unavailable Outside facility MRI without contrast did comment on a full-thickness defect of the scapholunate ligament with widening of the scapholunate distance.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | AP, lateral and flex views of the left knee demonstrate severe bone on bone joint space narrowing medial compartment, patellofemoral compartment with large osteophytes. Severe varus deformity of the knee. ;;Impression: Severe left knee medial, patello; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | Enter answer here - or Type In Unknown If No Info Given. >Unilateral primary osteoarthritis, right knee; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | N/a; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | need ct for planning for knee replacement.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | Painful Hardware - right medial tibial plateau. Rule out TKA loosening. Symptoms include diffuse pain, swelling, having felt a pop, stiffness, loss of extension, loss of flexion, and weakness. The patient describes symptoms as longstanding, constant, mild; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | patient has advanced djd of knee and ct with assist with surgery.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | preoperative planning for right total knee arthroplasty.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | preoperative planning for total knee arthroplasty; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | preoperative surgical planning for a total knee arthroplasty.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | Pt has done PT, anti inflammatory; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | She has failed to improve with more than 3 months of medication, injection, therapy, cane, etc. Right lower extremity: Mild swelling. Tender on the joint line. Crepitus with motion. 4 views right knee show loss of joint space, peripheral osteophytes, subc; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | <p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | <p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | <p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | <p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|--|----|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT | 13 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for Makoplasty and/or TKA or other non-surgical planning | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | We discussed performing a staged procedure for the right knee which would include hardware removal and spacer placement. We may address the tibial tubercle fracture at the time of hardware removal, debridement, and spacer placement. We will also obtain ; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73700 Computed tomography, lower extremity; without contrast material | X-rays show significant erosions in the medial femoral condyle consistent with severe knee arthritis.He has less than 5 degree flexion contracture and varus deformity about the knee has diffuse crepitanse palpable osteophyte tender with medial lateral joi; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the lower extremity. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; This study is being ordered for trauma or injury.; 05/01/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | he is now in a better position to take off if needed. the loose bodies occasionally catch and cause pain but is able to kind of slowly work them back out of the way. need an MRI to further characterize this lesion and look at the tibia to see if cartilage; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Surgery is NOT being planned. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | MRI ARTHOGRAM WITH CONTRAST OF THE RIGHT SHOULDER IS FOR A SUSPECTED ROTATOR CUFF TEAR, AND THE RIGHT KNEE MRI WITHOUT CONTRAST IS FOR POSSIBLE MENISUS TEAR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | PE - She has some crepitance in both knees and that sensation of locking.;X-ray impression - A standing AP of both knees and a lateral of each knee were performed. They show anchors within the tibia and femur and a visible tunnel from her previous ACL ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2021; There has not been any treatment or conservative therapy.; Both knees will pop and give her a sensation of locking. PHI - previous ACL rupture in left knee with surgical repair. Repeat arthroscopic debridement of her left knee.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | sarcoma, eval for metastatic disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | SHE HAS RETROPATELLAR CREPITATION, POSITIVE MCMURRAY'S. DR BALL IS CHECKING FOR ANY STRUCTURAL DAMAGE OR PROBLEMS THAT WOULD WARRANT SURGICAL INTERVENTION; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for infection. | 3 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a walking cast for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Swelling greater than 3 days; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics. | 27 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; The patient is not undergoing active treatment for cancer.; This study is being ordered for Known Tumor; This study is being ordered for follow-up. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; It is unknown if surgery is planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if surgery is planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; It is unknown if surgery is planned. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|----------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; Arthroscopic surgery | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Swelling greater than 3 days; Arthroscopic surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury | 319 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA) | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; It is not known if the study is requested for ankle pain.; The study is for a mass, tumor or cancer. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is not requested for any of the standard indications for Knee MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 14 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2020; There has been treatment or conservative therapy.; EXCESSIVE SWELLING, CONSTANT PAIN, PAIN WITH ALL WEIGHTBEARING ACTIVITIES; Treatment/Conservative therapy: PT HAS BEEN SEEN IN THE EMERGENCY ROOM SEVERAL TIMES, HE TAKES NSAIDS, HAS CONTINUED PAIN AND EXCESSIVE SWELLING,;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | unknown; This is a request for a Knee MRI; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | faxing clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | none; This study is being ordered for Inflammatory/ Infectious Disease.; 6 years ago; There has been treatment or conservative therapy.; Juvenile RA. Pain in hips, groin and posterior hip pain when walking.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 20 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injury is not suspected.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/14/2021; There has been treatment or conservative therapy.; Numbness down the leg and leg pain, has gotten worse when she is sitting and the groin pain when she walks; Physical Therapy- low back and core strengthening, range of motion and exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT HAS HAD PAINFUL SYMPTOMS FOR CLOSE TO A YEAR WITHOUT ANY PAIN RELIEF. SHE HAS DONE EXERCISES X 6 MONTHS, TAKES MOBIC,HAS SIGNIFICANT PAIN WITH STANDING,TWISTING, ALL ADL'S INCLUDING PAIN WHEN SLEEPING, SHE NEEDS THESE MRI'S TO EVALUATE FUTURE TREA; There has been treatment or conservative therapy.; SIGNIFICANT PAIN WITH ALL ADL'S, INCLUDING SLEEPING, BENDING, TWISTING, CANNOT STAND FOR LONG PERIODS OF TIME, HAS TROUBLE SLEEPING DUE TO CONSTANT PAIN,.; PATIENT HAS TAKEN MELOXICAM AT LEAST 6 MONTHS, ALONG WITH DOING HOME EXERCISES, SHE CANNOT MOVE A LOT DUE TO THE SEVERE PAIN SHE IS CONSTANTLY IN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; Left total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; SMC functional disability rating assessment; 78%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2021; Right knee arthroscopic partial lateral meniscectomy and chondroplasty of the trochlea and lateral femoral condyle.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated.; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; Right knee arthroscopic partial medial and lateral meniscectomy and chondroplasty of the patella, trochlea, medial femoral condyle, and lateral tibial plateau; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated.; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/13/2021; Right knee arthroscopic chondroplasty of the patella and trochlea; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | He has had pain in his neck and shoulders for years off and on. He states it is been worse the past 3 months in his neck and his right shoulder. He;is also has some pain down towards his anterior distal biceps. He has noticed occasional numbness and ting; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | R/O cancer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Radiology Services Denied Not Medically Necessary | This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | AM;;COMPARISON:Noncontributory;;HISTORY:Chronic mid back pain;;TECHNIQUE: Without contrast;;FINDINGS: No disc degeneration is identified;;There is a dextroscoliosis of the lower thoracic spine.;The marrow signal is unrema; This study is being ordered for trauma or injury.; FINDINGS;The lowest full disc space is considered L5-S1. The conus medullaris;extends to the T12-L1 level. Leftward curvature of the lumbar spine is;centered at the L1-L2 level and measures approximately 34 degrees from;the superior endplate of T11 t; There has been treatment or conservative therapy.; ENERAL: Well-nourished, well-developed, who is friendly and cooperative with physical examination. Alert and oriented x 3.;MUSCULOSKELETAL;;Cervical Spine -axial neck pain without radiation with extension;Thoracic and Lumbar Spine -low back pain with e; completed 5 weeks of physical therapy with no improvement. He has had multiple injections in the spine before. He has been through anti-inflammatory muscle relaxers. He currently takes naproxen for pain.but he has obtained an inversion table which has rea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | left lung mass and abnormal xray; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 01/01/2007; There has been treatment or conservative therapy.; Back pain with lower extremity weakness; Physical Therapy, Accupuncture, Oral steroids and Spine injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | <p>; This study is being ordered for a neurological disorder.; 3/31/21; There has not been any treatment or conservative therapy.; Patient has back pain with new onset of weakness, falls, numbness and foot drop; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | <p>AM;;COMPARISON:Noncontributory;;HISTORY:Chronic mid back pain;;TECHNIQUE: Without contrast;;FINDINGS: No disc degeneration is identified;;There is a dextrosciosis of the lower thoracic spine.;;The marrow signal is unrema; This study is being ordered for trauma or injury; FINDINGS;;The lowest full disc space is considered L5-S1. The conus medullaris;extends to the T12-L1 level. Leftward curvature of the lumbar spine is;centered at the L1-L2 level and measures approximately 34 degrees from;the superior endplate of T11 t; There has been treatment or conservative therapy.; ENERAL: Well-nourished, well-developed, who is friendly and cooperative with physical examination. Alert and oriented x 3.;MUSCULOSKELETAL;;Cervical Spine -axial neck pain without radiation with extension;Thoracic and Lumbar Spine -low back pain with e; completed 5 weeks of physical therapy with no improvement. He has had multiple injections in the spine before. He has been through anti-inflammatory muscle relaxers. He currently takes naproxen for pain.but he has obtained an inversion table which has rea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | <p>Patient has exhausted all conservative treatment and will likely need surgical intervention; This study is being ordered for trauma or injury.; 1/1/2007; There has been treatment or conservative therapy.; Back pain with weakness, burning, aching and throbbing; Physical therapy, Acupuncture, Oral and intra-muscular steroids, Spine injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Requesting a CT and MRI of the Lumbar spine to look at his current instrumentation and fusion mass as well as evaluate stenosis above the surgical sight; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had a spinal fusion in July of 2020. Now having recurrent back pain at the sight of surgery. He has developed stenosis above the fusion site; There has not been any treatment or conservative therapy.; Patient has developed dull, aching recurring pain in the left posterior hip pain an low back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Reflexes are diminished but equal with no clonus at the ankles. Motor functions intact. Sensation is diminished in the left foot but in the slightly nondermatomal distribution.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; mild stiffness,mild weakness is reported; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; 2017; There has been treatment or conservative therapy.; radicular pain; RIGHT C3-5 Medial Nerve Branch Radiofrequency Ablation to the C3/4 and C4/5 facet joints under Fluoroscopy.;Several rounds of RFAs targeting C3-5.;Left sided L5-S1 TFESI.;has been involved in physical therapy but had minimal relief. ;Gabapentin, napro; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | 11 year old female with congenital scoliosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Cervical spine anomaly; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | given his atypical and medically complex history, his presentation is concerning for malignant or infectious process as he reports similar onset of his neck symptoms as in 2018. He has undergone PT twice in the last year and a half. I would not recommend ; 6/6/2018; There has been treatment or conservative therapy.; He has continued have chronic axial/nonradicular neck pain since that time, and presents with several weeks of acute exacerbation and new mid to lower right sided thoracic pain with thoracic radicular symptoms around the chest wall. PE reveals: Cervical S; Patient has a very atypical history of spontaneous osteomyelitis of the atlantoaxial joint in 2018 complicate by sepsis requiring ICU stay, cervical spine and pharyngeal exploratory surgeries, and 6 week course of antibiotics. He has continued have chroni; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Injury due to MVA - aortic dissection and ischemic stroke.; This study is being ordered for trauma or injury.; 11/13/2020; There has been treatment or conservative therapy.; Nerve conduction velocity study and EMG performed in 19 March 2021 showed probable left brachial plexopathy secondary to aortic dissection primarily affecting the lower cord with superimposed radiculopathy that cannot be excluded. Cervical MRI was recomme; occupational therapy, physical therapy, and NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Mr. Barnett is a 33 year old male seen today with complaints of right shoulder pain. He is right hand dominant. He is self employed. He states over the last several years he has had pain in his shoulder as well as radiating into his scapula. He first ; This study is being ordered for a neurological disorder.; pt has been having issues for a couple of years but it is continuing to get worse with time; There has been treatment or conservative therapy.; pt is loosing use of hands and can not even hold the wheel of vehicle while driving due to pain ;;Two views of the cervical spine, AP and lateral, C1 through C6 are demonstrated. He has decreased lordosis as well as decreased joint spacing posteriorly ; pt has had injections, physical therapy, home therapy and has been to pain mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has plaques in the Cervical and Lumbar spine. Needing scan to look for signs of demyelination and further nerve root impingement. Patient has also developede radiculopathy to the left leg in additiion to her myelopathy; 10/19/2020; There has been treatment or conservative therapy.; Back pain; nonsteriodal anti-inflammatory medication, lifestyle codification, spinal exercises; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | PT IS IN SEVERE PAIN AND WE ARE NEEDING THE MRI TO SEE IF WHAT THE NEXT STEPS NEEDS TO BE TO GET HER SOME RELIEF; This study is being ordered for trauma or injury.; 05/19/2021; There has been treatment or conservative therapy.; SEVERE PAIN IN BACK AND LEGS; PAIN MGMT, INJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | She is 3 months s/p right shoulder arthroscopy with extensive debridement and subacromial decompression. At last visit, she stated that since surgery she had a fall on the right side. She has had some increased pain in that shoulder since that time. Sh; She reports MVA in 2014 (flipped her car); There has not been any treatment or conservative therapy.; a h/o DM presents for evaluation of neck and back pain. Her low back pain is worse than her neck pain. Currently pain is 8/10. She says her neck pain is related to headaches. Pain started approximately 5/2021. No specific injury; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | shoulder pain includes radiating pain down into upper arm and occasionally down into the hand as well as to the posterior area of the scapula.sensation of weakness with her hands. History of rotator cuff repair. Neer is positive and reproduces symptoms. H; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient has a neurologic deficit.; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 10 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | WILL FAX CLINICAL; This study is being ordered for trauma or injury.; 44 year old male with left shoulder pain and decreased ROM for some time, hurts to lay on it, no history of instability, notes neck pain, tingling to left hand.; There has been treatment or conservative therapy.; CONSTANT PAIN IN NECK SHOULDER PAIN, DECREASED RANGE OF MOTION, HURTS TO LAY ON SHOULDER AND NECK, TINGLING FROM NECK TO HAND; PATIENT TAKES HYDROCODONE FOR PAIN, HAS HAD CHANGE IN ACTIVITY BC OF PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | 11 year old female with congenital scoliosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Cervical spine anomaly; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | given his atypical and medically complex history, his presentation is concerning for malignant or infectious process as he reports similar onset of his neck symptoms as in 2018. He has undergone PT twice in the last year and a half. I would not recommend ; 6/6/2018; There has been treatment or conservative therapy.; He has continued have chronic axial/nonradicular neck pain since that time, and presents with several weeks of acute exacerbation and new mid to lower right sided thoracic pain with thoracic radicular symptoms around the chest wall. PE reveals: Cervical S; Patient has a very atypical history of spontaneous osteomyelitis of the atlantoaxial joint in 2018 complicate by sepsis requiring ICU stay, cervical spine and pharyngeal exploratory surgeries, and 6 week course of antibiotics. He has continued have chroni; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | pre existing, degenerative discopathy of lower thoracic from the x-ray report; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | see clinicals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | She is 3 months s/p right shoulder arthroscopy with extensive debridement and subacromial decompression. At last visit, she stated that since surgery she had a fall on the right side. She has had some increased pain in that shoulder since that time. Sh; She reports MVA in 2014 (flipped her car); There has not been any treatment or conservative therapy.; a h/o DM presents for evaluation of neck and back pain. Her low back pain is worse than her neck pain. Currently pain is 8/10. She says her neck pain is related to headaches. Pain started approximately 5/2021. No specific injury; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness; She has scoliosis. She has pain with forward flexion and lateral bending of the lumbar spine. Her main complaint is balance issues and numbness to her right leg with intermittent pain in her thigh. X-rays 2 views lumbar spine show scoliosis. She has signifi | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; 2017; There has been treatment or conservative therapy.; radicular pain; RIGHT C3-5 Medial Nerve Branch Radiofrequency Ablation to the C3/4 and C4/5 facet joints under Fluoroscopy.;Several rounds of RFAs targeting C3-5.;Left sided L5-S1 TFESI.;has been involved in physical therapy but had minimal relief. ;Gabapentin, napro; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 01/01/2007; There has been treatment or conservative therapy.; Back pain with lower extremity weakness; Physical Therapy, Accupuncture, Oral steroids and Spine injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 3/31/21; There has not been any treatment or conservative therapy.; Patient has back pain with new onset of weakness, falls, numbness and foot drop; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | 11 year old female with congenital scoliosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Cervical spine anomaly; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/19/2020; There has been treatment or conservative therapy.; Patient had limited results with the medication; Patient had injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | f left knee joint instability, pain, and weakness. It is giving way;and radiating. The symptoms have been present for 2 weeks;;Patient continues to have left hip and leg pain. Now he is really having a hard time walking. A lot of pain behind his knee. ; This study is being ordered for Inflammatory/ Infectious Disease.; The patient complains of left knee joint instability, pain, and weakness. It is giving way;and radiating. The symptoms have been present for 2 weeks;; This is a 72 year old male who is following up for Post-op Hip Total Hip Arthroplasty on the left hip ; There has been treatment or conservative therapy.; left knee joint instability, pain, and weakness. It is giving way;and radiating. The symptoms have been present for 2 weeks; Steroid dosepak and P.T.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has exhausted all conservative treatment and will likely need surgical intervention; This study is being ordered for trauma or injury.; 1/1/2007; There has been treatment or conservative therapy.; Back pain with weakness, burning, aching and throbbing; Physical therapy, Acupuncture, Oral and intra-muscular steroids, Spine injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has plaques in the Cervical and Lumbar spine. Needing scan to look for signs of demyelination and further nerve root impingement. Patient has also developed radiculopathy to the left leg in addition to her myelopathy; 10/19/2020; There has been treatment or conservative therapy.; Back pain; nonsteroidal anti-inflammatory medication, lifestyle codification, spinal exercises; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | pre existing, degenerative discopathy of lower thoracic from the x-ray report; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Requesting a CT and MRI of the Lumbar spine to look at his current instrumentation and fusion mass as well as evaluate stenosis above the surgical sight; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had a spinal fusion in July of 2020. Now having recurrent back pain at the sight of surgery. He has developed stenosis above the fusion site; There has not been any treatment or conservative therapy.; Patient has developed dull, aching recurring pain in the left posterior hip pain an low back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | see clinicals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | She is 3 months s/p right shoulder arthroscopy with extensive debridement and subacromial decompression. At last visit, she stated that since surgery she had a fall on the right side. She has had some increased pain in that shoulder since that time. Sh; She reports MVA in 2014 (flipped her car); There has not been any treatment or conservative therapy.; a h/o DM presents for evaluation of neck and back pain. Her low back pain is worse than her neck pain. Currently pain is 8/10. She says her neck pain is related to headaches. Pain started approximately 5/2021. No specific injury; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 28 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 14 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/14/2021; There has been treatment or conservative therapy.; Numbness down the leg and leg pain, has gotten worse when she is sitting and the groin pain when she walks; Physical Therapy- low back and core strengthening, range of motion and exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | to discern any other etiology that is causing her severe pain.; This study is being ordered for trauma or injury.; 07/22/21; There has been treatment or conservative therapy.; Severe Pain, fractured T 11 (compression fracture); Describe treatment / conservative therapy here - Narcotic pain medicine, NSAIDS, Back brace.xrays, Rest. Physical therapy is contraindicated until we find out more after MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/19/2020; There has been treatment or conservative therapy.; Patient had limited results with the medication; Patient had injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | MRI of pelvis to rule out hip abnormality, deep abscess of colon, etc. Patient has tried and failed activity modifications and nsaid, icing, analgesics, etc.; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient has bilateral hip pain. suspect subtle osteoarthritis or possible labral issues; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient has tried and failed activity modifications and NSAIDs, icing, analgesics for 3 weeks and symptoms have continued to worsen. Patient injured the hip when he was unloading a transmission and twisted the hip/pelvis area.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | She does have tenderness to palpation of her tailbone. She says she does not have any pain in any other positions or when she is standing it is only when she is sitting.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx). | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | The patient is a 64 year old Caucasian/White male who returns for a follow up visit for an injury to the left hip. The injury occurred on 08/02/2021. ;History of Symptoms:The patient unloading a transmission and twisted. He reports experiencing immediate; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73200 Computed tomography, upper extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Radiographs reveal osteochondral bodies in the subcoracoid region. Glenohumeral joint space narrowing inferiorly with inferomedial humeral head spur, small and possible cystic change of the glenoid. Findings confirmed on the Recommendations: MRI arthrogra; This study is being ordered for trauma or injury.; longstanding right shoulder pain and dysfunction attributable to an altercation in 2014. He has had problems ever since then. He had an evaluation at a health care facility at the time of injury and was told that nothing was identifiable. He apparently was; There has not been any treatment or conservative therapy.; S Pain is worse with standing, cold weatherharp, Burning, Tis shoulder has a feeling of locking up.There is pain diffusely around the shoulder. He has a sensation at times that the shoulder is not both wake up and go to sleep pain in the shoulder. It is s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | patient has tried and failed multiple treatment options, further evaluation is required to determine whether or not symptoms are related to muscular disorder or avascular necrosis; This study is being ordered for Inflammatory/ Infectious Disease.; November 2020; There has been treatment or conservative therapy.; chronic hand pain with no improvement in the past 10 months; casting and bracing of hands; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | rule out avascular necrosis vs non healing fracture; This study is being ordered for Inflammatory/ Infectious Disease.; fist office visit was 11/16/2020; There has been treatment or conservative therapy.; non healing fracture, possible avascular necrosis; casting, bracing, physical therapy, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | She states she gets a nerve type pain. Cold does not bother her fingers or change the symptoms of the nodules. No history of trauma. No history of diabetes. subjective; Quinn Riley is a 21 year old Female who presents to discuss concerns about their Hand/f; This study is being ordered for Inflammatory/ Infectious Disease.; 3 views: PA, lateral and oblique of the right hand were obtained. There is no evidence of fracture, dislocation, or other osseous abnormality.; 3 views: PA, lateral and oblique of the left hand were obtained. There is no evidence of fracture, dislocation; There has not been any treatment or conservative therapy.; Sharp, Tingling, Shooting; PI discussed with the patient today treatment options. Because her clinical exam is very minimal, I would recommend bilateral small finger MRIs to specifically evaluate for masses. This will be performed both with and without co; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | 4 sometime this individual has been having considerable pain soreness in either wrist. He notes fairly constant pain; whenever he is attempting to use either hand secondary to pain in either wrist. He notes particular pain on the ulnar; side of the right ; This study is being ordered for trauma or injury.; January; There has not been any treatment or conservative therapy.; 4 sometime this individual has been having considerable pain soreness in either wrist. He notes fairly constant pain; whenever he is attempting to use either hand secondary to pain in either wrist. He notes particular pain on the ulnar; side of the right ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Chronic elbow pain, suspect occult injury; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | He gets an electrical zinging down his fingers but on the left side he goes more towards his index finger and thumb and not to the small and ring fingers. Left elbow is more symptomatic and he states is been popping for some time and causes pain also now ; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient has not responded to conservative treatment that includes: activity modification, steroid injections, bracing, pain medication and nsaid; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | patient is having pain that is getting worse and unbearable; This study is being ordered for Inflammatory/ Infectious Disease.; 12/07/2020; There has been treatment or conservative therapy.; C5-C6: Moderate interspace narrowing. Small disc osteophyte complex . ; No significant spinal canal stenosis. Mild-moderate bilateral ; foraminal narrowing. ;;IMPRESSION: C5-6 and C6-7 degenerative disc disease. There is ; bilateral foraminal narrowi; pain mgmt, pt has seen a neurosurgeon; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Radiographs included a PA, lateral, and oblique view of the wrist.; There is a slight radiolucent line in the scaphoid. This is a nondisplaced fracture of the scaphoid. This is of the waist. Closed nondisplaced fracture of middle third of scaphoid bone o; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Radiographs reveal osteochondral bodies in the subcoracoid region. Glenohumeral joint space narrowing inferiorly with inferomedial humeral head spur, small and possible cystic change of the glenoid. Findings confirmed on the Recommendations: MRI arthrogra; This study is being ordered for trauma or injury.; longstanding right shoulder pain and dysfunction attributable to an altercation in 2014. He has had problems ever since then. He had a evaluation at a health care facility at the time of injury and was told that nothing was identifiable. He apparently was; There has not been any treatment or conservative therapy.; S Pain is worse with standing, cold weatherharp, Burning, Tis shoulder has a feeling of locking up.There is pain diffusely around the shoulder. He has a sensation at times that the shoulder is not both wake up and go to sleep pain in the shoulder. It is s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Right lateral elbow/proximal forearm pain, clinical picture concerning for tennis elbow versus radial tunnel syndrome.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | right shoulder pain; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 5 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Pain is severe with a rating of 10/10. She describes the symptoms as sharp, dull, stabbing, throbbing, aching, burning and shooting. The symptoms are constant. Since the onset, she reports the problem is getting worse. The symptoms are made worse with mov; The patient has received the following treatments ice, heat, rest, nsaid, muscle relaxers, chiropractic, PT, injection, bracing and tens unit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | WILL FAX CLINICAL; This study is being ordered for trauma or injury.; 44 year old male with left shoulder pain and decreased ROM for some time, hurts to lay on it, no history of instability, notes neck pain, tingling to left hand.; There has been treatment or conservative therapy.; CONSTANT PAIN IN NECK SHOULDER PAIN, DECREASED RANGE OF MOTION, HURTS TO LAY ON SHOULDER AND NECK, TINGLING FROM NECK TO HAND; PATIENT TAKES HYDROCODONE FOR PAIN, HAS HAD CHANGE IN ACTIVITY BC OF PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s) | Radiology Services Denied Not Medically Necessary | Mr. Barnett is a 33 year old male seen today with complaints of right shoulder pain. He is right hand dominant. He is self employed. He states over the last several years he has had pain in his shoulder as well as radiating into his scapula. He first ; This study is being ordered for a neurological disorder.; pt has been having issues for a couple of years but it is continuing to get worse with time; There has been treatment or conservative therapy.; pt is loosing use of hands and can not even hold the wheel of vehicle while driving due to pain ;;Two views of the cervical spine, AP and lateral, C1 through C6 are demonstrated. He has decreased lordosis as well as decreased joint spacing posteriorly ; pt has had injections, physical therapy, home therapy and has been to pain mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s) | Radiology Services Denied Not Medically Necessary | pt is having chronic instability with large labral tears; This study is being ordered for a neurological disorder.; 06/16/2021; There has been treatment or conservative therapy.; pt has pain and the shoulders continue to dislocate causing more pain; pt had a conditioning program that consist of passive internal and external rotations, sleeper stretch as well external and internal rotation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; 05/01/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | 4 views left knee consistent with moderate to severe left knee arthritis.He has difficulty with prolonged standing or walking; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | CT needed for surgical planning for knee replacement using Robotic Assistance; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Need a CT of his LT knee for preop purposes to be able to perform surgery.Left total knee arthroplasty with Mako.;ASSESSMENT: Left knee arthritis. Failed nonoperative treatment; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | surgical related to hardware; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-------------------------------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | <p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | <p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | IMPRESSION;; Right foot crush injury, possible complex regional pain syndrome, Lisfranc injury, deltoid injury;;PLAN;; Previous x-rays were reviewed an no abnormalities were seen. I recommend a MRI of the right foot and right ankle to further invest; This study is being ordered for trauma or injury.; 7/27/2021; There has been treatment or conservative therapy.; pain and swelling; Rest/ibuprofen/cam walking boot/Mobic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | PT IS IN SEVERE PAIN AND WE ARE NEEDING THE MRI TO SEE IF WHAT THE NEXT STEPS NEEDS TO BE TO GET HER SOME RELIEF; This study is being ordered for trauma or injury.; 05/19/2021; There has been treatment or conservative therapy.; SEVERE PAIN IN BACK AND LEGS; PAIN MGMT, INJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs speciality is Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JULY 1, 2019; There has been treatment or conservative therapy.; CONSTNAT SWELLING AND PAIN LONGER THAN 2 YEARS, KNEE GIVES OUT DAILY; PATIENT TAKES MOBIC.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a 35 year old female who presents for evaluation of bilateral knee pain. Symptoms began 10 years ago;as a result of a gradual and insidious onset. The pain is aching and sharp. In addition, the patient rates their pain as 9;out of 10 currently. ; There has been treatment or conservative therapy.; This is a 35 year old female who presents for evaluation of bilateral knee pain. Symptoms began 10 years ago;as a result of a gradual and insidious onset. The pain is aching and sharp. In addition, the patient rates their pain as 9;out of 10 currently. ; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | faxing clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injury is not suspected.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 05/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Orthopedics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Osteopath | Approval | 71250 Computed tomography, thorax; without contrast material | | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Osteopath | Disapproval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Radiology Services Denied Not Medically Necessary | This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70450 Computed tomography, head or brain; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JULY 20 2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JULY 20 2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Cerebral aneurysm follow-up; Aneurysm follow up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Cerebral aneurysm follow-up; Aneurysm follow up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | ; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | 3 chest x-rays , inconclusive, need better look; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | 07/01/2021; It is not known if there has been any treatment or conservative therapy.; abdominal distention, low grade serous carcinoma of ovary; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | 08/27/2021; There has not been any treatment or conservative therapy.; None besides an abnormal pap smear.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | Ascending Aortic Aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | unsure; It is not known if there has been any treatment or conservative therapy.; unexplained weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71250 Computed tomography, thorax; without contrast material | XR, CHEST, 2 VIEW;;LLL nodule;Presents with add'l 7# weight loss since last visit. He has lost 13# since May. Denies changes in appetite.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | previous exam recommends ldct in 6 months from February.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | . Aortic ascending aneurysm 4.4 cm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Advanced native CAD. Distal LAD has mild to moderate stenosis, diagonal branches are very small in caliber with high-grade stenosis not amenable for PCI. Recommend aggressive optimal medical therapy. Antianginal therapy as needed and as tolerated. 1.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; +shortness of breath - chronic and unchanged. +He has a known history of HTN, CAD s/p NSTEMI and CABG February 2020, chronic residual disease of the diagonal not amenable to PCI (6/22/20), diastolic dysfunction, Mild PH on Echo, PSVT, atrial tachycardi;. Event monitor Patient currently on Lipitor 40 mg daily Ranexa increased to 1000 mg dramamine prescribed current dose of diuretic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Irregular ulcerated plaque with aneurysm of the thoracic aortic arch,;maximum transverse dimension about 42 mm with a focal outpouching;aneurysm or pseudoaneurysm from the lateral inferior aortic arch 12 x;18 mm or ulcerated plaque.; This study is being ordered for Vascular Disease.; 10/2018 AAA; There has been treatment or conservative therapy.; yearly follow up to check for any changes.; Medication for blood pressure control; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is for a yearly follow up for CTA chest which will be scheduled for 09/28/2020; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist.;" There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ;; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | She has had right L4 hemilaminectomy/discectomy, ACD, conservative treatment and her pain is getting worse. Her provider is wanting to see if additional surgical procedures may be necessary.; Patient had surgery on 05/14/2021 and is having worsening symptoms.; There has been treatment or conservative therapy.; neck, back, arm, and leg pain. Decreased ROM.; physical therapy;nsaids;exercises; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; 2004; There has been treatment or conservative therapy.; numbness and tingling in lower extremities; spine surgeries and injection, pain medication; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | : Gait and station antalgic. Normal lumbar lordosis and normal thoracic kyphosis. No;Scoliosis or abnormal thoracic kyphosis is noted.;Palpation of thoracic facet joints at T9-10, T10-11, T11-12 levels reproduced back pain Hyperextension at;thoracic sp; He has been suffering from pain for at least 15 years; There has been treatment or conservative therapy.; The patient complains of pain in Lower Back Pain, Back Pain - Thoracic Region, Chronic;Bilateral Knee Pain and Throughout entire body. He has been experiencing this pain for last several years. He;reports onset of pain gradual . The patient describes th; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy,;NSAIDs and opioid medication therapy).; PT/OT: continue home exercises for neck/shoulders, low back/hips twice daily; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Patient is having multiple falls causing her to hurt herself and causes injury.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; 2004; There has been treatment or conservative therapy.; numbness and tingling in lower extremities; spine surgeries and injection, pain medication; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | : Gait and station antalgic. Normal lumbar lordosis and normal thoracic kyphosis. No;Scoliosis or abnormal thoracic kyphosis is noted.;Palpation of thoracic facet joints at T9-10, T10-11, T11-12 levels reproduced back pain Hyperextension at;thoracic sp; He has been suffering from pain for at least 15 years; There has been treatment or conservative therapy.; The patient complains of pain in Lower Back Pain, Back Pain - Thoracic Region, Chronic;Bilateral Knee Pain and Throughout entire body. He has been experiencing this pain for last several years. He;reports onset of pain gradual . The patient describes th; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy;NSAIDs and opioid medication therapy).; PT/OT: continue home exercises for neck/shoulders, low back/hips twice daily; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Patient is having multiple falls causing her to hurt herself and causes injury.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | She has had right L4 hemilaminectomy/discectomy, ACDF, conservative treatment and her pain is getting worse. Her provider is wanting to see if additional surgical procedures may be necessary.; Patient had surgery on 05/14/2021 and is having worsening symptoms.; There has been treatment or conservative therapy.; neck, back, arm, and leg pain. Decreased ROM.; physical therapy;nsaids;exercises; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/02/2021; There has been treatment or conservative therapy.; pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | X-RAY IN E.R. - RADIOLOGIST SUGGESTS MRI; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/13/21; There has been treatment or conservative therapy.; BILATERAL KNEE, POSSIBLE MENISCAL TEARS; INJECTIONS, PHYSICIAN-BASED EXERCISE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Advanced native CAD. Distal LAD has mild to moderate stenosis, diagonal branches are very small in caliber with high-grade stenosis not amenable for PCI. Recommend aggressive optimal medical therapy. Antianginal therapy as needed and as tolerated. 1.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; +shortness of breath - chronic and unchanged. +He has a known history of HTN, CAD s/p NSTEMI and CABG February 2020, chronic residual disease of the diagonal not amenable to PCI (6/22/20), diastolic dysfunction, Mild PH on Echo, PSVT, atrial tachycardia; . Event monitor Patient currently on Lipitor 40 mg daily Ranexa increased to 1000 mg dramamine prescribed current dose of diuretic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Irregular ulcerated plaque with aneurysm of the thoracic aortic arch,;maximum transverse dimension about 42 mm with a focal outpouching;aneurysm or pseudoaneurysm from the lateral inferior aortic arch 12 x;18 mm or ulcerated plaque.; This study is being ordered for Vascular Disease.; 10/2018 AAA; There has been treatment or conservative therapy.; yearly follow up to check for any changes.; Medication for blood pressure control; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/01/2021; it is not known if there has been any treatment or conservative therapy.; abdominal distention, low grade serous carcinoma of ovary; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 08/27/2021; There has not been any treatment or conservative therapy.; None besides an abnormal pap smear.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); looking for hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/02/2021; There has been treatment or conservative therapy.; pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | Unexplained diminished systolic and diastolic ventricular function. William's syndrome and mitral valve prolapse.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | new cancer diagnose in right breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | This study is being ordered to identify a myocardial perfusion defect.; This patient has had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The SPECT scan was inconclusive.; This is a request for a Heart PET Scan with CT for Attenuation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled.; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; receiving cardiotoxic chemotherapy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/29/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Referred to Cardiology for evaluation and diagnosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2021; There has not been any treatment or conservative therapy.; Chest pain, chest tightness, palpitations, abnormal EKG, mild anemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; unknown; unknown; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Patient requires human assistance to perform basic mobility and transitional tasks; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | Patient having deep burning pain to left side of face, unbearable. Positive for chills, fever, facial swelling with maxillary sinus tenderness. Tonsillar adenopathy present. ;General: No focal deficit present. ; GCS: GCS eye subscore is 4. GCS verbal ; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immunocompromised.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | Mr. Vestal is here for evaluation of a recent stroke. He was accompanied by his granddaughter who contributed to the history. He was diagnosed with a stroke on May 26, 2021. He had gone to his PCP for increased falls on May 14th. He gives a history of fall; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70547 Magnetic resonance angiography, neck; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 08/10/21; It is not known if there has been any treatment or conservative therapy.; abdominal pain, weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient gets short of breath with little exertion and is being evaluated for COPD.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | SOB (shortness of breath); A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; It is not known if there has been any treatment or conservative therapy.; cough with hemoptysis, abnormal weight loss of about 10 pounds over the last 2-3 months and previous Ultrasound with questionable cirrhotic contour.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Radiology Services Denied Not Medically Necessary | Life long smoker w/ new concern: occasional cough;; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; 4/22/20; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Radiology Services Denied Not Medically Necessary | Unexplained diminished systolic and diastolic ventricular function. William's syndrome and mitral valve prolapse.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Primary ins denied request for MRIs, CTs have been ordered and pending. Patient has continued having worsening pain. We are trying to avoid having to send the patient to the ER.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Primary ins denied request for MRIs, CTs have been ordered and pending. Patient has continued having worsening pain. We are trying to avoid having to send the patient to the ER.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; Enter date of initial onset here - or Type In Unknown If No Info Give;Unknown; There has been treatment or conservative therapy.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has neck problems; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Patient is having weakness to the right arm with nerve pain. Patient is having a hard time grasping and holding objects. The right grip is weak.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-9 weeks ago after having covid vaccine.; There has been treatment or conservative therapy.; Nerve pain, neuralgia, weakness in extremities.; Patient was given Meloxicam and given a steroid injection. Patient was given instructions on ROM exercises to do and told to follow up in 2 weeks if symptoms did not improve.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | The neurologist is wanting to evaluate the patient for possible surgery.; He has had problems since at least 2007; There has been treatment or conservative therapy.; Back pain, leg pain, neuropathy, arm pain, neck pain, headaches; Patient has tried nsaid, heat, ice, and rest. He has had physical therapy.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient has a neurologic deficit.; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/02/2021; It is not known if there has been any treatment or conservative therapy.; Lower back pain with urinary incontinence.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has neck problems; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Patient is complaining of worsening pain in mid to upper back.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Pt states that her pain continues to get worse and now she is having increased pelvic pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/02/2021; It is not known if there has been any treatment or conservative therapy.; Lower back pain with urinary incontinence.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | X-Ray shows a wedge deformity ;Pt has not had a follow up MRI fell from an attic in 2013; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; Enter date of initial onset here - or Type In Unknown If No Info Give;Unknown; There has been treatment or conservative therapy.;; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient is complaining of worsening pain in mid to upper back.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Pt states that her pain continues to get worse and now she is having increased pelvic pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The neurologist is wanting to evaluate the patient for possible surgery.; He has had problems since at least 2007; There has been treatment or conservative therapy.; Back pain, leg pain, neuropathy, arm pain, neck pain, headaches; Patient has tried nsaid, heat, ice, and rest. He has had physical therapy.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 7 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/02/2021; It is not known if there has been any treatment or conservative therapy.; Lower back pain with urinary incontinence.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | X-Ray shows a wedge deformity ;Pt has not had a follow up MRI fell from an attic in 2013; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Pt states that her pain continues to get worse and now she is having increased pelvic pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | No joint space, no erosions, bilateral periarticular soft tissue swelling. Looking for JIA, evidence of synovitis, or other evidence of inflammat; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Patient is having weakness to the right arm with nerve pain. Patient is having a hard time grasping and holding objects. The right grip is weak.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-9 weeks ago after having covid vaccine.; There has been treatment or conservative therapy.; Nerve pain, neuralgia, weakness in extremities.; Patient was given Meloxicam and given a steroid injection. Patient was given instructions on ROM exercises to do and told to follow up in 2 weeks if symptoms did not improve.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Patient has been complaining for right hip and right knee pain for greater than 6 weeks. An xray was done that showed moderate degenerative disc disease. Patient has tried NSAIDs with no relief.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging.; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has not been any treatment or conservative therapy.; pain/ knee instability; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Patient has been complaining for right hip and right knee pain for greater than 6 weeks. An xray was done that showed moderate degenerative disc disease. Patient has tried NSAIDs with no relief.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; 4/22/20; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 08/10/21; it is not known if there has been any treatment or conservative therapy.; abdominal pain, weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pt has history of catheter use, having urinary retention.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | unknown; It is not known if there has been any treatment or conservative therapy.; cough with hemoptysis, abnormal weight loss of about 10 pounds over the last 2-3 months and previous Ultrasound with questionable cirrhotic contour.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | unsure; It is not known if there has been any treatment or conservative therapy.; unexplained weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 76380 Computed tomography, limited or localized follow-up study | Radiology Services Denied Not Medically Necessary | Mr. Vestal is here for evaluation of a recent stroke. He was accompanied by his granddaughter who contributed to the history. He was diagnosed with a stroke on May 26, 2021. He had gone to his PCP for increased falls on May 14th. He gives a history of fall; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Chest pain on exertion, htn, diabetes, obese, Hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Other | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | OTHER O/P DIAG TESTING | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease. Annual follow up of congenital heart disease or Evaluation of change of clinical status. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct" | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct" | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct" | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | 9/8/2021 7:54:12 AMMindy Marquez, MDPeer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Manning. Synopsis of discussion: Pt with SNHL, eustachian dysfunction, recurrent sinusitis and HA. MRI brain was done for HA in May and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Per P2P under tk#112121217543:9/8/2021 7:54:12 AMMindy Marquez, MDPeer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Manning. Synopsis of discussion: Pt with SNHL, eustachian dysfunction, recurrent sinusitis and HA. MRI b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | unknown; This study is being ordered for trauma or injury.; 6/19/21; There has not been any treatment or conservative therapy.; hearing loss, aural pulpous pressure, pulsatile tenitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | 9/8/2021 7:54:12 AM Mindy Marquez, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Manning. Synopsis of discussion: Pt with SNHL, eustachian dysfunction, recurrent sinusitis and HA. MRI brain was done for HA in May and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Per P2P under tk#1121217543:9/8/2021 7:54:12 AM Mindy Marquez, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Manning. Synopsis of discussion: Pt with SNHL, eustachian dysfunction, recurrent sinusitis and HA. MRI b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 08/23/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | radiolucency of left mandible; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 13 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 37 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | history of laryngeal CA T1N0M0, completed XRT 8/2017- has been NED. He has been complaining of a chronic cough and dysphagia for past 7 months.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | Patient has been followed by Dr. Sneed. Recent PET/CT;on 4/6/21 showed a good treatment response to BOT cancer and no evidence of persistent or recurrent cancer. He has decided to part ways with Dr.;Vural and would like to continue follow up here. He re; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | S/P Left partial glossectomy and LND on 8-13-202 with XRT beginning 9-28-2021. He has lymphedema and numbness with left mandibular pain below the TM joint.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | The patient needs imaging to finalize staging and treatment after initial diagnosis of invasive squamous cell carcinoma of oral cavity.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | TONGUE MASS, BIOPSY SHOWS SQUAMOUS CELL CARCINOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | left sided pulsatile tinnitus,worse when working out, associated with ringing and pressure in her ear, gets nauseous as well.MRI done which was normal.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | left sided pulsatile tinnitus,worse when working out, associated with ringing and pressure in her ear, gets nauseous as well.MRI done which was normal.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | unknown; This study is being ordered for Congenital Anomaly.; June 2021; There has been treatment or conservative therapy.; Unresolved left pulsatile tinnitus; Flonase, Allegra, steroids, antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. | 20 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is being requested for evaluation of a headache., The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache., Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | unknown; This study is being ordered for Congenital Anomaly.; June 2021; There has been treatment or conservative therapy.; Unresolved left pulsatile tinnitus; Flonase, Allegra, steroids, antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | history of laryngeal CA T1N0M0, completed XRT 8/2017- has been NED. He has been complaining of a chronic cough and dysphagia for past 7 months.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | Patient has been followed by Dr. Sneed. Recent PET/CT;on 4/6/21 showed a good treatment response to BOT cancer and no evidence of persistent or recurrent cancer. He has decided to part ways with Dr.;Vural and would like to continue follow up here. He re; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | S/P Left partial glossectomy and LND on 8-13-202 with XRT beginning 9-28-2021. He has lymphedema and numbness with left mandibular pain below the TM joint.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | The patient needs imaging to finalize staging and treatment after initial diagnosis of invasive squamous cell carcinoma of oral cavity.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 71250 Computed tomography, thorax; without contrast material | TONGUE MASS, BIOPSY SHOWS SQUAMOUS CELL CARCINOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | radiolucency of left mandible; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 76380 Computed tomography, limited or localized follow-up study | This study is being ordered for sinusitis.; This sinus CT is not to be performed in conjunction with a head CT or MRI study.; Yes, the patient has been treated with antibiotics with no improvement within the past year.; Yes, there have been four (4) documented courses of antibiotic treatment within the past year.; This is a request for a limited Sinus CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 08/23/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|--|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for trauma or injury.; 6/19/21; There has not been any treatment or conservative therapy.; hearing loss, aural pulpous pressure, pulsatile tinitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the brain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 07/12/2020; There has been treatment or conservative therapy.; She reports a knot on the Right side of her throat that is causing issues with her breathing and has been present for 1+ month. She also reports she is very fatigue. She does report a productive cough with the color of the mucous being clear and sometimes; She is currently taking Promethazine and Hydrocodone. She did have a CT Soft Tissue Neck on 06/24/21 showing neck mass and mediastinal mass.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 07/12/2020; There has been treatment or conservative therapy.; She reports a knot on the Right side of her throat that is causing issues with her breathing and has been present for 1+ month. She also reports she is very fatigue. She does report a productive cough with the color of the mucous being clear and sometimes; She is currently taking Promethazine and Hydrocodone. She did have a CT Soft Tissue Neck on 06/24/21 showing neck mass and mediastinal mass.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Otolaryngology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Hematology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | Pt history of blastoma. Treated on mb 12 w1 stratum. She is 6 yr from diagnosis and exam is for evaluation.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Hematology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Pt history of blastoma. Treated on mb 12 w1 stratum. She is 6 yr from diagnosis and exam is for evaluation.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Hematology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Pt history of blastoma. Treated on mb 12 w1 stratum. She is 6 yr from diagnosis and exam is for evaluation.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Hematology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Pt history of blastoma. Treated on mb 12 w1 stratum. She is 6 yr from diagnosis and exam is for evaluation.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | Bilateral cancer in the retina; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | Bilateral cancer in the retina; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatric Oncology | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus). | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 71250 Computed tomography, thorax; without contrast material | Given the nature of the pain, it is unclear whether not the pain is cardiac or pulmonary. Episodic nature of the pain with very little associated symptoms or behavior associations is atypical. Since stress echocardiogram was normal, will start down the pu; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for suspected tumor | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ;; There has been treatment or conservative therapy;;; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | MVA injury. Patient is on short-term disability unable to work due to the nature of her job. PE reveals decreased range of motion for cervical spine. She continues to have diffuse tenderness palpation of her trapezius and right shoulder. She has radiating; This study is being ordered for trauma or injury.; 5/19/2021 MVA; There has been treatment or conservative therapy.; right upper extremity pain, occasional altered sensation in shoulder/neck, decreased range of motion, radiating pain from neck to shoulder; 8 sessions of physical therapy (6/23/2021 - 7/16/2021), NSAIDS, prescription medication, and activity modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | This is a 54 year old male who is being seen for a chief complaint of arm pain, involving the right arm. This;occurred in the context of increased activity and has had no medical treatment. He has had no surgical procedures.;The pain has been present fo; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73700 Computed tomography, lower extremity; without contrast material | Aseptic necrosis, ankle Fracture non-union, foot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Extensor hallucis longus tendon tear, rupture right foot.; This study is being ordered for trauma or injury.; 6/13/2021; There has not been any treatment or conservative therapy.; lacerated dorsal aspect of midfoot from medial 1st met cuneiform region over 3rd to approximately the 4th met cuneiform region. Slight decreased sensation to first medial metatarsal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | PATIENT HAS HAD BILATERAL KNEE PAIN FOR OVER A YEAR, OUR PREV REQUEST FOR SURGERY IN 2020 TO CORRECT THE MMT'S WERE DENIED, AND HIS SYMPTOMS HAVE NOT IMPROVED. PATIENT IS IN PAIN DAILY, USES A BRACE, HAS HAD CHANGE IN ACTIVITY, AND THE MMT'S ARE NOT GOING; This study is being ordered for trauma or injury.; PATIENT WAS IN AN MVA IN 2020, NO PAIN PRIOR TO ACCIDENT, STILL CONTINUES TO HAVE PAIN.PT'S MRI SHOWED A POSTERIOR MENISCAL TEAR ON THE LEFT AND MAY BE A PARTIAL TEAR ON THE RIGHT.; There has been treatment or conservative therapy.; BIALTERAL KNEE PAIN MMT, BUCKLING SWELLING, LOCKING BILATEARLly, INTERFERES WITH ADL'S.. HAS POSITIVE MCMURRAYS BILATEALLY, JOINTLINE TENDERNESS, TENDER LARGE MEDIAL PlicaE BILATEALLY.; PATIENT TAKES NAPROXEN, HE HAS WORN A BRACE BUT PAIN HAS NOT LESSEned, HE HAS HAD CHANGE IN ACTIVITY LEVEL BUT STILL NOT MUCH PAIN RELIEF. PATIENT STILL HAS BILATERAL MENISCAL TEARS, AS A PREVIOUS SURGERY REQUEST WAS DENIED. HE CONTINUES TO BE IN PAIN DA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were normal.; The patient has NOT had any abnormal lab studies. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Planned surgery was noted as an indication for knee imaging | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; UNKNOWN | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The members is under 16 years old. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Pediatrics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick DASH; 43%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Pediatrics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Upper Extremity Quick DASH; 22%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:; 42%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; Right Shoulder rotator cuff tear; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 50; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Patient is a smoker; Pain is not changing or improving; weight loss; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Reflexes are absent at knees and ankles, with no flonus. Sensation in the feet bilaterally She has to use a cane to walk due to weakness in her lower extremities.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | MVA injury. Patient is on short-term disability unable to work due to the nature of her job. PE reveals decreased range of motion for cervical spine. She continues to have diffuse tenderness palpation of her trapezius and right shoulder. She has radiating; This study is being ordered for trauma or injury.; 5/19/2021 MVA; There has been treatment or conservative therapy.; right upper extremity pain, occasional altered sensation in shoulder/neck, decreased range of motion, radiating pain from neck to shoulder; 8 sessions of physical therapy (6/23/2021 - 7/16/2021), NSAIDS, prescription medication, and activity modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Back pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Back pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic girdle, sacrum or the tail bone (coccyx). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Aseptic necrosis, ankle Fracture non-union, foot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | limiting his normal activity and normal shoe gear and with the first step in the morning or after prolonged rest and getting up on them, xray on file; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/02/21; There has been treatment or conservative therapy.; pain, painful heels, He has tried a history of orthotic management to the area all to no avail. They were just too hard. He did not bring those with him today though so I am unable to evaluate him.; steroid rx (prednisone); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks; There is not a suspected tarsal coalition.; Bilateral pain, Right ankle has history of fracture, Left ankle sprain; This is a request for a bilateral ankle MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; Bilateral plantar fasciitis; This is a request for a bilateral ankle MRI. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Extensor hallucis longus tendon tear, rupture right foot.; This study is being ordered for trauma or injury.; 6/13/2021; There has not been any treatment or conservative therapy.; lacerated dorsal aspect of midfoot from medial 1st met cuneiform region over 3rd to approximately the 4th met cuneiform region. Slight decreased sensation to first medial metatarsal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Patient has started PT, has tried antibiotics, required Percocet 5/325 due to the pain. Cool temperature to the dorsal and plantar left foot at the forefoot region. Somewhat to a lesser degree to the ankle. ;Musculoskeletal: There is pain with palp; This study is being ordered for trauma or injury.; 6 months ago approximately in February; There has been treatment or conservative therapy.; pain, feels cold, numb and heavy; Physical therapy has been started as of 7/19/21; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not prostate, known prostate CA with PSA<gt;10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; ; ; 12/04/2020; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Habilitative | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Foto; 45; Neither Pre-Op, Post-Op or Non Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; ABC scale; 88%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; upper extremity functional scale; 48; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper Extremity Functional Scale; 48%; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 20%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 12/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; ; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The Member is 10 years old or older.; Other/none of the above | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pediatrics | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; QUICK DASH OCCUPATIONAL THERAPY; 56.8%; One Body Part selected; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72128 Computed tomography, thoracic spine; without contrast material | This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | see clinicals; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | see clinicals; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 21 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the lower extremity. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injury is not suspected.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 06/22/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; Western Aphasia Battery Bedside form; 25%; 07/08/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 09/01/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; st add on evaluation; 50; 09/10/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 09/20/2021; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; N/A; 09/20/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is 65 or older; Date of condition onset is within the past 6 months | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is feeding or dysphagia; PLS-5, OWLS, fluency, and hearing assessment and oral mechanism evaluation; PLS-5 1%, OWLS 1%; 08/13/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; PLS-5, REEL-3; PLS-5 Expressive is 60% functional, 40% disability; REEL-3 expressive is 76% functional, 24% disability; 09/01/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; PLS-5; TELD-4; 74%; 08/19/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; reel 3; 2.34; 05/27/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The patient is between 4 and 8 years old; Preschool Language Scale - Fifth Edition; Illinois Test of Psycholinguistic Abilities - Third Edition; Social Responsiveness Scale; Children's Communication Checklist - 2; Speech Production: Goldman-Fristoe Test of Articulation - Third Edition; 79; 05/25/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; N/A; N/A; 08/06/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient has not recently suffered either a CVA or TBI; AMTS; 10; 08/27/2021; The evaluation date is not in the future; The primary condition is Voice; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; n/a; n/a; 07/19/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; Cognistat Test; Z5; 09/09/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; SLUMS; 50%; 07/06/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; Enter name of tool here Enter score here 06/30/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; n/a; n/a; 07/01/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; None. Not required for Speech Therapy.; N/A; 09/07/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; Tool used not documented; score not documented; 09/23/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Dysphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; unknown; unknown; 09/09/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; n/a; n/a; 07/20/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; Voice Evaluation; 60; 08/04/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Articulation: Goldman-Fristoe Test of Articulation-Third Edition (GFTA-3); Language: Preschool Language Scale-Fifth Edition (PLS-5); Fluency; Hearing / Auditory: Hearing Screening; Oral-Facial Examination; Voice & Resonance; Functional Limitations: Speech intelligibility decreases slightly in connected speech; however, he is greater than 75% intelligible to familiar and unfamiliar listeners. Parents and teachers report that he bites and pinches when he is struggling to communi; 08/16/2021; The evaluation date is not in the future; Two visits anticipated; Habilitative; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; N/A; 07/08/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; N/A; 08/25/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; N/A; 09/03/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; SCORED: 1-7 (PROFOUND TO NORMAL); 08/19/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; optimal instrument; 50%; 05/03/2021; The evaluation date is not in the future; Two visits anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/26/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/07/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 05/06/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/10/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/06/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/07/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/12/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/22/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/26/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 08/06/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 08/27/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 08/30/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 09/08/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 09/13/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 09/16/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 11/25/2020; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 04/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 04/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 04/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 04/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 05/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06-15-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 90%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Tinetti Balance scale; na; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 06/15/2021; Date of onset is within the last 4 months; Braden Assessment; 16; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; TBI is the selected condition | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07-06-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07-14-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; Rt. KAS with partial medial meniscectomy, limited meniscectomy lateral with tricompartmental chondroplasty; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; knee arthroscopy; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; oswestry; 40%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Knee request: ; One visit anticipated; LEFS; 25% functional; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; LEFS; 25; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; Parkinsons is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry Low Back Pain; 52/100; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; OSWESTRY; 28%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; TINETTI; 20; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; TINETTI; 15; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; PT ASSESSMENT; 50; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/26/2021; Date of onset is within the last 4 months; MAHC FALL 10 ASSESSMENT; 5; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; tinetti; 19; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Goniometer; unknown; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 07/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08-04-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/28/2021; Date of onset is within the last 4 months; tinetti; 21; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 06/17/2021; Date of onset is within the last 4 months; TINETTI; 8; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2000; unknown; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; n/a; n/a; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/15/2021; left knee arthroscopy with partial medial meniscectomy; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/03/2021; Left knee arthroscopy with partial medial meniscectomy; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 07/19/2021; Date of onset is within the last 4 months; PT ASSESSMENT; 50; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; TBI is the selected condition | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 07/20/2021; Date of onset is within the last 4 months; PT ASSESSMENT; 50; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; TBI is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; None; N/A; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry Low Back Pain; 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/20/2020; Date of onset is more than 4 months ago; LEFS;;BERG; 59%;;45.3%; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; There has been an increase in the frequency of falls; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry Low Back Pain; 64; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; pain scale; 6; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; pain scale; 8/10; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; na; na; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; TINETTI; 15; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2021; Breast Reconstruction; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; gait analysis; 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/26/2014; Date of onset is more than 4 months ago; Optimal Instrument; 50%; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; There has not been an increase in the frequency of falls; The home program or equipment needs to be updated; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; gait; 50; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 08/01/2015; Date of onset is more than 4 months ago; LEFS; 12%; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; tinetti; 24; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; NA; NA; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Lower Ext; 21; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; EXCISIONAL DEBRIDEMENT USING A SCALPEL OF THE RIGHT THIGH ENTRANCE AND EXIT WOUNDS,DEBRIGNING SKIN AND FASCIA.;ARTHROTOMY TO RIGHT KNEE JOINT; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 08/31/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 08/25/2021; Date of onset is within the last 4 months; TINETTI; 21; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 08/30/2021; Date of onset is within the last 4 months; TINETTI; 9; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; gait analysis; 25; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 08/02/2021; Date of onset is within the last 4 months; tinetti; 14; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; TBI is the selected condition | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/08/2021; left knee scope; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/23/2021; Date of onset is within the last 4 months; PT ASSESSMENT; 50; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; berg; 10; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; PT EVALUATION; 50; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; tinetti; 21; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2021; Bilateral Mastectomy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 08/29/2021; Date of onset is within the last 4 months; LEFS;Tinetti; 30%;15/28; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 85; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/16/2021; Right trigger release ring finger;right trigger release middle finger; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 08/28/2021; Date of onset is within the last 4 months; braden risk assessment; 4; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; TINETTI; 7; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; TINNETI; 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/20/2021; l2-3 transforaminal lumbar fusion; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; NA; NA; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/24/2021; Right Knee arthroscopy; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 09/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/17/2021; GUNSHOT WOUND TO ABDOMEN; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Wound/Burn Care was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are mild; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Treatment Goals;Reduction in pain intensity;Improvement in functionality;Improvement in overall quality of life; Treatment Goals;Reduction in pain intensity;Improvement in functionality;Improvement in overall quality of life; n/a; n/a; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Knee; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Elbow request: ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; GONIOMETER; 60%; The anticipated number of visits is other than 2.; GONIOMETER; 55%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY FUNCTIONAL SCALE; 55% DISABILITY; The anticipated number of visits is other than 2.; UPPER EXTREMITY FUNCTIONAL SCALE; 55% DISABILITY; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/09/2020; carpal tunnel; Post-Op; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ; Presents with 1+ edema both hands/both wrists with inflammation and pain 6/10 on right and 5/10 on left secondary to edema/inflammation. Presents with strength deficits both hands/wrists of 1-1/1/2 muscle grades secondary to pain and edema. AROM is limited; 60%; 60% deficit; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; LEFS; 70%; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 34.1%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; Amputation of finger right finger; Post-Op; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick Dash; 79.5%; Therapy type is Rehabilitative; Quick Dash; 79.5; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; Modified Oswestry Low Back Pain; 24%; 24%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oswestry; Oswestry; 36/50; 36/50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region;</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; FOTO; 22/100; 22/100; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oswestry; Oswestry; 20%; 20%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region;</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; Left Total hip & partial pelvic reconstruction; Post-Op; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Foto; Foto; 50; 50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Unknown; Unknown; Unknown; Unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip was selected as the first body</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; POPDI-6 45% IMPAIRMENT;CRAD-8 18% IMPAIRMENT;UDI-6 42% IMPAIRMENT; POPDI-6 45% IMPAIRMENT;CRAD-8 18% IMPAIRMENT;UDI-6 42% IMPAIRMENT; POPDI-6 45% DISABILITY;CRAD-8 18% DISABILITY;UDI-6 42% DISABILITY; POPDI-6 45% DISABILITY;CRAD-8 18% DISABILITY;UDI-6 42% DISABILITY; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Lower Extremity Functional Scale; lower extremity functional scale; 69; 69; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beigng treated.; The hip is beigng treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; optimal instrument; 25%; The anticipated number of visits is other than 2.; optimal instrument; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 45%; The anticipated number of visits is other than 2.; repeated motion testing and LEFS; 45%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 39; The anticipated number of visits is other than 2.; FOTO; 39; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; UNKNOWN; 60%; The anticipated number of visits is other than 2.; unknown; 60%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oxford Knee Score; 23/48; The anticipated number of visits is other than 2.; Oxford Hip Score; 28/48; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower Extremity functional scale; 55%; The anticipated number of visits is other than 2.; Oswestry; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 38; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY LOW BACK PAIN; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Gross Muscle Tests Lower; Right Left ;Hip Flexion 3/5 3/5;Hip Extension 4/5 3/5; The anticipated number of visits is other than 2.; Oswestry Low Back Pain; 64% disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY LOW BACK DISABILITY; 60%; The anticipated number of visits is other than 2.; OSWESTRY LOW BACK DISABILITY; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Palpation: No TTP along lumbar paraspinals, bilateral QLs, bilateral gluteals. Exquisite tenderness along right iliacus;muscle belly.;PROM: Right hip: IR -5°, ER 45°. Right hip has a very firm end feel especially in adduction and internal rotation. Left; HIP STRENGTH 75% OF NORMAL RANGE.; The anticipated number of visits is other than 2.; Palpation: No TTP along lumbar paraspinals, bilateral QLs, bilateral gluteals. Exquisite tenderness along right iliacus;muscle belly.;PROM: Right hip: IR -5°, ER 45°. Right hip has a very firm end feel especially in adduction and internal rotation. Left; UNKNOWN AT THIS TIME.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower extremity functional scale; 34%; The anticipated number of visits is other than 2.; no function tool was used; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 51; The anticipated number of visits is other than 2.; Oswestry; 68; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 17; The anticipated number of visits is other than 2.; Oswestry; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 33/100; The anticipated number of visits is other than 2.; FOTO; 33/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 20%; The anticipated number of visits is other than 2.; Modified Oswestry; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; LEFS; 57%; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 57%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; harris test; 25; The anticipated number of visits is other than 2.; Three or more visits anticipated; harris hip score; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; Modified Oswestry Low back pain; 40%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Modified Oswestry Low Back Pain; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; GAIT ANALYSIS; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; LEFS; 7; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 7; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Foto; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; foto; 36; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; lefs; 21; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ufi; 23; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; Open reduction and internal fixation of posterior left pelvic ring including SI joint and iliac wing; Post-Op; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Lower Extremity Functional Scale; 45%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; NA; NA; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Thoracic Spine/Chest request.; Lower Extremity Functional Scale; 59%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; NA; NA; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Foto; 61; The anticipated number of visits is other than 2.; Foto; 61; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; ; ; 50/100; 50/100; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; lower extremity functional scale; lower extremity functional scale; 30% function; 30% function; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; LOWER EXTREMITY FUNCTIONAL SCALE; 32% FUNCTIONAL; 32% FUNCTIONAL; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 20%; 20%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; FOTO; FOTO; 72; 72; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; KOOS JR; KOOS JR; 31%; 31%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; LOWER EXTREMITY FUNCTIONAL SCALE; 25%; 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; KOOS JR; KOOS JR; 47%; 47%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; MCHS Functional Assessment; MCHS Functional Assessment; 38%; 38%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; lefs; lefs; 68; 68; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); 42.5% FUNCTIONAL, 57.5% DISABILITY; 42.5% FUNCTIONAL, 57.5% DISABILITY; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; IEFs; 30%; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 31.1%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; Non-Surgical; physical exam; at least 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 50; The anticipated number of visits is other than 2.; Non-Surgical; none; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; LEFS; 68; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; DASH; 46; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 13; The anticipated number of visits is other than 2.; Osewestry LBP; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry (might be radiating from low back); 34% disability; The anticipated number of visits is other than 2.; Oswestry; 34% disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MUSCLE STRENGTHENING; 4-5; The anticipated number of visits is other than 2.; MUSCLE STRENGTH; 4 MINUS OUT OF 5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BERG; 47%; The anticipated number of visits is other than 2.; BERG; 47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 48; The anticipated number of visits is other than 2.; FOTO; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 52% functional; The anticipated number of visits is other than 2.; Oswestry; 52% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 66%; The anticipated number of visits is other than 2.; foto; 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 24%; The anticipated number of visits is other than 2.; Oswestry; 24%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 49; The anticipated number of visits is other than 2.; FOTO; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 26%; The anticipated number of visits is other than 2.; Oswestry; 26%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 70; The anticipated number of visits is other than 2.; FOTO; 70; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 37; The anticipated number of visits is other than 2.; Low Back; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 40.36; The anticipated number of visits is other than 2.; foto; 40.36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; None; None; The anticipated number of visits is other than 2.; None; None; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; SELF REPORTED FUNCTIONAL LIMITATION; 50%; The anticipated number of visits is other than 2.; SELF REPORTED FUNCIONAL LIMITATIONS; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 61% Functional (49/80); The anticipated number of visits is other than 2.; Lower Extremity Functional Scale; 61% functional (49/80); The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; PSFS; 74%; The anticipated number of visits is other than 2.; PSFS; 74%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 71%; The anticipated number of visits is other than 2.; OSWESTRY; 71%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; lumbar fusion; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY OR ODI; 40; The anticipated number of visits is other than 2.; OSWESTRY OR ODI; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 72; The anticipated number of visits is other than 2.; OSWESTRY; 72; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; UNKNOWN; 85%; The anticipated number of visits is other than 2.; UNKNOWN; 85%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower extremity functional index; 75%; The anticipated number of visits is other than 2.; Oswestry Disability questionnaire; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; KOOS Jr.; 71%; The anticipated number of visits is other than 2.; KOOS Jr; 71%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09-02-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 47; The anticipated number of visits is other than 2.; FOTO; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Back Index; 42% disability;57% functional; The anticipated number of visits is other than 2.; back index; 42% disability;57% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 70%; The anticipated number of visits is other than 2.; LEFS; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 34; The anticipated number of visits is other than 2.; FOTO; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; thomas test;trndelenberg test; 54%; The anticipated number of visits is other than 2.; low back oswestry; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MCHS Assessment; 33 %; The anticipated number of visits is other than 2.; MCHS Assessment; 33 %; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:: Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 74% disability rating, 26% functional; The anticipated number of visits is other than 2.; Oswestry Back Disability; 40% disability rating, 60% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 46; The anticipated number of visits is other than 2.; OSWESTRY; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; L5-S1 LUMBAR FUSION; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 44; The anticipated number of visits is other than 2.; OSWESTRY; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Berg; 80; The anticipated number of visits is other than 2.; Berg; 80; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: : Physical or Occupational therapy was selected; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; FOTO; 70; The anticipated number of visits is other than 2.; FOTO; 70; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; LEFS; 37; The anticipated number of visits is other than 2.; Low Back; 48; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; lower extremity; 64%; The anticipated number of visits is other than 2.; Lower extremity; 64%; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; n/a; n/a; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Oswestry; 34%; The anticipated number of visits is other than 2.; Oswestry; 34%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; OSWESTRY; 70; The anticipated number of visits is other than 2.; OSWESTRY; 70; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Oswestry; 86% functional; The anticipated number of visits is other than 2.; Oswestry; 86% functional; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; PFDI; 17/300; The anticipated number of visits is other than 2.; Oswestry; 16/100; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 52; The anticipated number of visits is other than 2.; Non-Surgical; FOTO; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI;RANGE OF MOTION; DECREASE PAIN;35% DISABILITY; The anticipated number of visits is other than 2.; Non-Surgical; ODI; 38% DISABILITY; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 54% Functional; The anticipated number of visits is other than 2.; Non-Surgical; Modified Oswestry Low Back Pain; 54% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 45; The anticipated number of visits is other than 2.; Non-Surgical; Foto; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; FOTO; The anticipated number of visits is other than 2.; Non-Surgical; FOTO; 49%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lefs; 62; The anticipated number of visits is other than 2.; Non-Surgical; oswestry; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; Oswestry; 52%; 52%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; foto; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 9; foto; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; MODIFIED OSWESTRY; 6/50; The anticipated number of visits is other than 2.; Three or more visits anticipated; MODIFIED OSWESTRY; 3/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; LEFS; 51/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; OWESTRY; 34/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 45; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Owesstry Index; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 24%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Mississippi functional (in house form); 31%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; same; same; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60%; OSWESTRY; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; LEFI; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; Lamenectomy; Post-Op; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; BERG; 15%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; MDQ; 36; The anticipated number of visits is other than 2.; Three or more visits anticipated; ODI; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; lefs; 16; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20; spadi; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; N/A; N/A; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:;; Three or more visits anticipated; Foto; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42; foto; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; OSWESTRY; 66; The anticipated number of visits is other than 2.; Three or more visits anticipated; OSWESTRY; 66; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Oswestry; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 64; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; FOTO Lumbar; 31% functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; FOTO Lumbar; 31% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; ODI; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20; ODI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; NDI; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 56; ODI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; physical exam; at least 75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; None; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; None; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Back Index; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 30%; Neck index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 72% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 72% functional; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry low back; 54; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; none; none; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Index; 76%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 76%; Modified Oswestry Low Back Pain Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46; FOTO; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Low Back Initial Evaluation; 40.00; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40; Initial Evaluation; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; Decrease impairment on FOTO lumbar assessment to 39% or less.; 62%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Decrease low back pain 0-2/10 on 0/10 pain scale.Increase lumbar AROM to within normal limits for all planes.; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; at least 75%; physical exam; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Back Index; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; None; None; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 68; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; n/a; n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for second pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Non-surgical head, spine, torso best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; ODI; 90; The anticipated number of visits is other than 2.; 90; ODI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Oswestry; 48%; The anticipated number of visits is other than 2.; 45%; DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; LEFI; 85%; The anticipated number of visits is other than 2.; Oswestry; 66%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; FOTO; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; FOTO; 60; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Oswestry; 66.67%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Oswestry; 66.67%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; LEFS; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; LEFS; 25; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OSWESTRY; 44; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY; 44; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; optimal instrument; 75%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; optimal instrument; 25%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 52% FUNCTIONAL; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 52% FUNCTIONAL; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Functional Activity Questionnaire; 34% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Functional Activity Questionnaire; 34% functional; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 50; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; MODIFIED OSWESTRY DISABILITY INDEX; 26/50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY DISABILITY INDEX; 26/50; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; physical exam; at least 75%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request;; Oswestry; 74% functional; The anticipated number of visits is other than 2.; 74 Functional; Oswestry - 74% functional; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; NONE; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; NONE; N/A; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; N/A; N/A; Therapy type is Rehabilitative; 58; Neck Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; functional activity; 50; Therapy type is Rehabilitative; 50; functional activity; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; GRIP STRENGTH TEST; 9% FUNCTIONAL BASED ON NON DOMINANT HAND STRENGTH; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; OPTIMAL INSTRUMENT; 62% FUNCTIONAL; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck Disability Index; 32%; Therapy type is Rehabilitative; 32%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Head/Neck request; Three or more visits anticipated; lower extremity functional scall; 65.3; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 76.7; ndi; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Pelvis/Hip request; ; Enter name ofIdentify Therapy:Physical Therapy-Rehab;Potential 08/19/2021 10:49;Details:Good - see below;Intervention Complete:Yes tool here; Enter s" Movement: All Movements (Grade 4)core here; The anticipated number of visits is other than 2.; Three or more visits anticipated; Enter name of unctional Activity Overview Assessment 08/19/2021 10:34;" Activities of Daily Living: Able to perform all ADL's independently.;" Transfers: No difficulty with transfers.tool here; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Head/Neck request;; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; n/a; n/a; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The hip is beigng treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Pelvis/Hip request; ; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; WOMAC; 24; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; 26; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Optimal Instrument; 75%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Head/Neck request; Three or more visits anticipated; Optimal instrument; 60%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; 70%; optimal instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Head/Neck request; Three or more visits anticipated; LEFS; 51; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; 26; Neck; The anticipated number of visits is other than 2; ; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; Three or more visits anticipated; Optimal instrument; 50%; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; 50%; Optimal instrument; The anticipated number of visits is other than 2; ; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 43; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 43; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; optimal instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 3=50%; optimal tool; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; foto - lumbar; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 75; foto - lumbar; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lumbar Spine request; ; straight leg slump functional mobility assessment neuro exam lumbar spine exam msk assessment posture alignment exam; 60% for all testing done; The anticipated number of visits is other than 2.; Three or more visits anticipated; functional mobility assessment msk assessment posture alignment exam lumbar spine exam; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/hip was selected as the first body type/region; Spine/Chest selected as the</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; foto; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 36; foto; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; none; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; none; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; none; none; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Optimal Instrument; 22% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 22% functional; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated;; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60/100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 22%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 30%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry: Low Back Disability Index; 78%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 78% functional; Oswestry: Low Back Disability Index;Endurance Postural/Static;Pain / Neuro: Pain Assessment;Strength / ROM: Spine - ROM; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; None; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; N/A; None; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; owestry; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42%; Neck index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; oswestry; 58; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 58; neck disa index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; 30 second chair stand test; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 12/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; NOT AVAILABLE.; NO TOOL WAS USED FOR CERVICAL SPINE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; patient was not reporting pain at the time of the eval, neck was primary complaint; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 44% disability;56% functional; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; foto; 39%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 39%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 26% DISABILITY AND 74% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40% DISABILITY AND 60% FUNCTIONAL; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 49%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 52%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; back index; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46; neck index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09-22-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; exam and range of motion; at least 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; at least 25%; examination and range of motion; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; same; same; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Cervical ROM, strength within function limits; palpitations showed knots and muscle tightness; Cervical ROM, manual muscle test, palpation; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Low Back Pain Oswestry; 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60%; Neck Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 52% FUNCTIONAL AND 48% DISABILITY; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 36% FUNCTIONAL AND 64% DISABILITY; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; MCHS Assessment; 18 %; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 18 %; MCHS Assessment; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated;; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; optimal instrument; 35%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 35%; optimal instrument; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--|--------|--------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 30%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42.2; qwestry disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; FOTO; 61; The anticipated number of visits is other than 2.; 61; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; neck index: patient was not reporting pain at the time of the eval, neck was primary complaint; 44%;56%; The anticipated number of visits is other than 2.; 44% disability 56% fncional; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; ODI; 50; The anticipated number of visits is other than 2.; 56; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; OSWESTRY; 86%; The anticipated number of visits is other than 2.; 20%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; 12; oPTIMAL; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Vestibular Rehab selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/10/2021; fracture of right acetabulum; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Fracture was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 70; 70; NDI; NDI; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/30/2021; ORIS; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; NO TOOL USED; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; NO TOOL USED; N/A; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; Upper Extremity Quick DASH Survey; Upper Extremity Quick DASH Survey; 56; 56; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; tinetti; tinetti; 22; 22; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; tinetti; tinetti; 21; 21; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/15/2021; open reduction internal fixation left clavicle fracture; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; berg; 10; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; foto; 40; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; foto; 40; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; TINETTI; 70%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; DGI; 70%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; 42; BER BALANCE SCALE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; You will now be asked some questions about your Vestibular Rehab request.; Vestibular assessment, range of motion assessment, Neuro, cognitive , functional mobility, modified CTSSIB, dynamic gait index.; 65%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Vestibular Rehab was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Vestibular Rehab; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; gait analysis; gait analysis; 7; 7; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 32; 68% functional; Neck Disability Index (NDI); Cervical Spine Oswestry Disability scale; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; n/a; n/a; n/a; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 35%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 35%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 20; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Cardiopulmonary Rehab; Physical Therapy was requested; OK; The members functional deficits are moderate; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; neck disability score; 25% disability =75%; Non-Surgical; The anticipated number of visits is other than 2.; Flexion 3+;horizontal abduction 3;horizontal adduction 3;internal rotation 4;external rotation 4; range of motion; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07-22-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Neck outcome; 48; Non-Surgical; The anticipated number of visits is other than 2.; 48; Neck outcome; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; None; N/A; Non-Surgical; The anticipated number of visits is other than 2.; 7/50; Oswestry Back Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 22; Non-Surgical; The anticipated number of visits is other than 2.; 68; Neck Disability; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Index; 22; Non-Surgical; The anticipated number of visits is other than 2.; 21; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; NECK DISABILITY INDEX; 62% FUNCTIONAL 38% IMPAIRED; Non-Surgical; The anticipated number of visits is other than 2.; 62% FUNCTIONAL 38% IMPAIRED; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 50%; Non-Surgical; The anticipated number of visits is other than 2.; 50%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Non-Surgical; The anticipated number of visits is other than 2.; 20/50; Neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; NDI; 38/50; Non-Surgical; The anticipated number of visits is other than 2.; 38/50; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 68.18; Non-Surgical; The anticipated number of visits is other than 2.; 26/100; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; NDI; 12; Non-Surgical; The anticipated number of visits is other than 2.; 12; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 50%; Non-Surgical; The anticipated number of visits is other than 2.; 50%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Oswestry; 38; Non-Surgical; The anticipated number of visits is other than 2.; 38; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity functional scale; 46/80; Non-Surgical; The anticipated number of visits is other than 2.; 22; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal outcome tool; 25%; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal outcome tool; 75%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash and Work Module; Quick Dash-56.8%;Work Module-75%; Non-Surgical; The anticipated number of visits is other than 2.; 44; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 27; Non-Surgical; The anticipated number of visits is other than 2.; 27; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 37%; Non-Surgical; The anticipated number of visits is other than 2.; 37; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; MDI; 50; Non-Surgical; The anticipated number of visits is other than 2.; 50; MDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; NDI; 62; Non-Surgical; The anticipated number of visits is other than 2.; 62; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 57%; Non-Surgical; The anticipated number of visits is other than 2.; 57%; Upper Extremity Quick Dash; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; ; 32%; Non-Surgical; The anticipated number of visits is other than 2.; 32%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 74; Non-Surgical; The anticipated number of visits is other than 2.; 26; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 38; Non-Surgical; The anticipated number of visits is other than 2.; 31; NECK DISABILITY INDEZ QUESTIONAIRE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; cervical fusion; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; MMT and ROM; 50% functional; Post-Op; The anticipated number of visits is other than 2.; 74%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; 30/100; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; neck foto; 51; Non-Surgical; The anticipated number of visits is other than 2.; 51; Neck FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; 40%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; none; 50%; Non-Surgical; The anticipated number of visits is other than 2.; 50%; none; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 48; Non-Surgical; The anticipated number of visits is other than 2.; None; None; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Shoulder request: ; Goniometer; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Goniometer; 50; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 50; Non-Surgical; The anticipated number of visits is other than 2.; 50; Quick Dash; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 60%; Non-Surgical; The anticipated number of visits is other than 2.; 60%; optimal instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 40; Non-Surgical; The anticipated number of visits is other than 2.; 66; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Non-Surgical; The anticipated number of visits is other than 2.; 40; SPURLING; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 52%; Non-Surgical; The anticipated number of visits is other than 2.; 56%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry Disability Index; 52% functional; Therapy type is Rehabilitative; 18% Functional; Neck Disability Index (NDI); The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 30; Therapy type is Rehabilitative; 30; FOTO; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ODI; 20; Therapy type is Rehabilitative; 39; DASH; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 61; Therapy type is Rehabilitative; 61; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Range of Motion; decrease radiating pain; Therapy type is Rehabilitative; 32% disability 68% functional; neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal instrument; 60%; Therapy type is Rehabilitative; 60%; optimal instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Cervical Spine Oswestry Disability Test; 66%; Therapy type is Rehabilitative; 66; Neck Disability Index and Functional Reach test; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck disability index; 32; Therapy type is Rehabilitative; 34; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative.; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; musculoskeletal assessment , spurlings test ttp specialized assessment; unknown; Therapy type is Rehabilitative; 50; musculoskeletal assessment; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal; 80; Therapy type is Rehabilitative; 80; optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request.; Questions about your Head/Neck request.; Three or more visits anticipated; Foto; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 30; Foto; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2021; SHOULDER REVERSE ANTHROPLASTY, RT; Post-Op; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; UPPER EXT FUNC TOOL; 20; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Index - UEFI; 50%; The anticipated number of visits is other than 2.; SPADI - Shoulder Pain and Disability Index; 48%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|---|---|--------|--------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2021; CLOSED DISPLACE COMMUNUTED FRACTURE OF SHART OF RIGHT HUMERUS; Post-Op; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; TINETTI; 23; The anticipated number of visits is other than 2.; TINETTI; 23; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; LEFI; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; DASH; 78.3%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; optimal; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; optimal; 75; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; LEFS; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; SPADI; 34%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; ROM; n/a; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Lower Extremity Functional Scale - Initial; 60%; The anticipated number of visits is other than 2. ; Non-Surgical; Therapy type is Rehabilitative; Upper Extremity Quick DASH - Initial; 60%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 14/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; LEFS; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; modified oswestry; 42; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Oswestry; 44% disability;56%functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Oswestry; 44% disability;56% functional; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; LOWER BACK; UNKNOWN; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; OPTIMAL; 60; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; ODI; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; SPADI; 42%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; Lower Extremity Functional Scale; 45; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 77.27; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; Enter score here Post-Op; The anticipated number of visits is other than 2.; Enter score here n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 52/100; Non-Surgical; The anticipated number of visits is other than 2.; 58/100; Neck Disability Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Neck Disability Index Questionnaire; 68%; Non-Surgical; The anticipated number of visits is other than 2.; 68%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 20%; Non-Surgical; The anticipated number of visits is other than 2.; 20%; Upper Extremity Quick DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 16; Non-Surgical; The anticipated number of visits is other than 2.; 75; NID; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Oswestry; 62; Non-Surgical; The anticipated number of visits is other than 2.; 62; Neck Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/04/2021; Right RCR with bicep involvement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 66; Post-Op; The anticipated number of visits is other than 2.; 66; DASH; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NECK DISABILITY; 26; Non-Surgical; The anticipated number of visits is other than 2.; 26; NECK DISABILITY; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 61/80; Non-Surgical; The anticipated number of visits is other than 2.; 61/80; UEFI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SHOULDER PAIN & INSTABILITY INDEX; SHOULDER PAIN & INSTABILITY INDEX; 14.6; 14.6; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; FOTO; 48; 48; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; QUICK DASH; 30% FUNCTIONAL; 30% FUNCTIONAL; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; QUICK DASH; 29% FUNCTIONAL; 29% FUNCTIONAL; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; QUICKDASH; 72.73%; 72.73%; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ODI; 26%; Therapy type is Rehabilitative; RANGE OF MOTION; 25% LIMITED IN ROM; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 18% disability;82% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 18% disability;82% functional; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; optimal instrument; 47%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; optimal instrument; 47%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 62%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 62%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; N/A; N/A; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OPTIMAL; 10; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OPTIMAL; 10; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; ODI; 30; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ODI; 30; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; none; none; Therapy type is Rehabilitative; none; none; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 24; Therapy type is Rehabilitative; 33; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck Disability Index; 36; Therapy type is Rehabilitative; 36; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry; 54%; Therapy type is Rehabilitative; 52%; Neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 43%; Therapy type is Rehabilitative; 63.4%; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; Oswestry; 24%; 22%; Neck Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 30%; Therapy type is Rehabilitative; DASH; 31%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; Internal fixation of right radius and ulna.; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request.; Questions about your Elbow request.; Three or more visits anticipated; FOTO; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; FOTO; 45; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 14%; QUICK DASH; 14%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 77% FUNCTIONAL; QUICK DASH; 77% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/25/2021; RADIOULNAR; Post-Op; Wrist selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; Three or more visits anticipated; MODIFY OSWESTRY; 34; The anticipated number of visits is other than 2.; UPPER EXTREMITY; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Upper Ext functional test; 60% disability;40% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50% disability;50% disability; Neck disability functional index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; n/a; n/a; 46.34%; 46.34%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; First Pass; Second Pass check point; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2011; Lumbar fusion; Post-Op; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; Questions about your Lumbar Spine request: ; LEFI; 85%; The anticipated number of visits is other than 2.; Three or more visits anticipated; OBWESTRY; Oswestry; 66%; 27; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; Two Body Parts selected; Second Pass Starting; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oswestry; 20/50; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Floor Questionnaire; 56; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oswestry; 50; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE;OWSESTRY - LOW BACK DISABILITY QUESTIONNAIRE; 45%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; none; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 39%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 13%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 36%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Unknown; Unknown; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; WOMAC; 86%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 20%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 64%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 40%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; Enter score here Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; BRADEN RISK ASSESSMENT; 17; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO Knee; 40; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 43; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 52; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEF; 40%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 10/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 25% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 33; Neither Pre-Op, Post-Op or Non Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 74%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower ext; 53; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Function Scale; 48%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; lower extremity function scale; 85%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 26%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 38%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; lower extremity functional scale; 46 of 80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 54/80=67.5% disability=32.5% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Optimal instrument; 40%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; optimal tools; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; OPTIMAL; 5; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; TINETTI ASSESSMENT; 15; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; WOMAC; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 64/100; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 25%; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 70%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07-19-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 28; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 32/50; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 25; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK; 32%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 4; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 46%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 68%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 56%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; N/A; 42%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; UNKNOWN; UNKNOWN; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; N/A; 70%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswetry; 21; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 72%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 40% functional; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown.; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Questionnaire; 64.5% functional; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here n/a; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 75; ford bend percentage; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>first pass is not in options listed; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal instrument; 50%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/18/2021; S/P ORIF RIGHT ANKLE; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; OPTIMAL; 9; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 8%; BACK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEF; .06%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; foto; none; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/22/2021; CLOSED BIMALLEOLAR FRACTURE OF RIGHT ANKLE; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of the above best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; Revision of left BKA amputation; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; N/A; N/A; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEF; 65%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; I&D left lower ext, open reduction left foot; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; WOMAC; 13%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; " Rehabilitative Potential: Marked improvement in functional status is expected.;" Activities of Daily Living: Unable to perform one or more ADL's independently.;" Instrumental Activities of Daily Living: Unable to perform one or more IADL's independent; Assess MAHC-10 Fall Risk - Form Provided by;the Missouri Alliance for HOME CARE;Diagnosis (3 or more co-existing) Includes only documented medical diagnosis;1-Yes;Cognitive impairment Could include patients with dementia, Alzheimer's or stroke patient; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 96%; neck disability; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 88% functional; Neck Disability Index; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; NECK INDEX; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Hip/Pelvis selected as the specific body part; Body Part pass complete; Two Body Parts selected; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; None of the above best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Right pectoralis tendon repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 30%; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; 23472 LEFT** Shoulder TSA, 23430---Gen Block; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 70%; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/12/2021; right shoulder scope with anterior labral repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 70%; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 31; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 59%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 30%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 16%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 56.81%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; DASH; 55%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; dash; 70; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; FOTO Shoulder; 53; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; foto; 18; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; FOTO; 31; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; FOTO; 59; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; optimal instrument; 70%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick dash survey; 15.9; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QUICK DASH; 53%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick DASH; 55%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick Dash; 59.09; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 40% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 51% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper Extremity Functional test; 40% disability;60% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; DASH; 41; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated.; ; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; QUICK DASH; 30%; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity function index; 70; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 48%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity quick dash; 5; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-01-2021; Right Distal Bicep Rupture; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; debridement lateral elbow epicondylitis; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; wrist hand disability index; 14; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 43%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 63; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 64%; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/06/2021; Right distal bicep tendon repair; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ADL and IAGL; 70%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/11/2021; right elbow; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 72.73%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 84.09%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 54; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 66%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 61; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; physical exam; at least 25%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 93%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; DASH; 35.8; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Upper Extremity Quick Dash; 64%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; wrist hand disability index.; 14%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper Extremity Quick DASH; 75/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; CARPUL TUNNEL RELEASE; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 62; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 46; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; R carpal tunnel relieve; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/13/2021; LEFT THUMB ARTHROPLASTY; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 39.78; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick Dash; 47.7%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; DASH; 52%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; LEFS; 75%; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Quick Dash; 38.64%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFM Exam; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFM; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; unknown; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/14/2018; eph; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Foto; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 45%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Floor Distress Inventory; 41.25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2021; total hip arthroplasty due to avascular necrosis of right hip; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Not known. First PT visit is scheduled for today, 7/02/2021; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FSFI/VQ; 58%/82%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; MODIFIED HARRIS HIP SCORE; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PSFS;PDI;PGQ; 45%;38.58%;46.67%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 26/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; UDI-6;ICIQ-U; 25%;24%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; COREFO;CONSTIPATION SCORING SYSTEM; 89%;47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 67; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; TOTAL HIP REPLACEMENT; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; BORG RATING; PRE ACTIVITY 6/20; POST ACTIVITY 7/20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/12/2021; L TOTAL HIP ARTHROPLASTY; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 1%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 14; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; unkown; unkown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PSFS;PFIQ;V-Q; 67%;33%;33%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; V-Q;FSFI; 51.5%;55.8%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; right hip arthroplasty; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; optimal outcome; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beigng treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ICIQ-UI;IIQ; 76%;52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PELVIC GIRDLE QUESTIONNAIRE; PSFS; 64%;50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Stability;supine; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; THR (Hip replacement); Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 19% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 12%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 14; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 60; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 28/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; s/p scope to R hip, labrum repair due to OA.; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFI; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 67%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; lower extremity functional scale; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/05/2021; Left Total Hip replacement; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; lower extremity functional scale; 15%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 26%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 22; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 46% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; muscle testing, range of motion; abduction 5, adduction 5, extension 5, flexion 5, inter/ext rotation 5, hamstring 4; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 47/300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 51% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Revised LB Oswestry; 10; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; HOOS Jr; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; optimal instrument; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Pelvic Stability; METs for SIJ; L PI reduced; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ICIQ-UI;UDI-6; 76.2%;92.71%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 39%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Optimal instrument; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; HOOS JR; 23%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ODI; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Floor Distress Inventory Short Form 20; 88%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2021; RIGHT TOTAL HIP ARTHROPLASTY;27130; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Assess MAHC-10 Fall Risk; A score of 4 or more is considered at risk for falling Total = 5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; optimal tool; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 78% function; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Modified Harris Hip; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oswestry WebOutcomes; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beigng treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Floor Distress Inventory; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFD; 76; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Back Index; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 98; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Floor Distress Inventory; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Modified Oswestry; 50% (40/80); The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; owestry lower extremity test; 63; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/27/2021; ORIF performed on 07/27/2021; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 31%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/11/2013; (R) THA; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO Hip; 39; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 27&; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 74; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PELVIC GIRDL QUESTIONNAIRE;PSFS; 36%;48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/26/2021; Right hip closed reduction; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ICIQ-UI;UDI-6; 33.3%;62.5%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Modified Oswestry; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; unknown; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFD; 0; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 27%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Mississippi County Health System Self-Rated Disability Questionnaire; 32% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 21%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/27/2021; ORTHOPEDIC FOR FX OF HIP; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; SEE CLINICALS; SEE CLINICALS; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvis Floor Impact Questionnaire Short Form 7; 24%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; THE LOWER EXTREMITY FUNCTIONAL SCALE; 87%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2021; RIGHT HIP; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 66; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/25/2021; LSH; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFIQ-Short Form 7; 61%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2021; left hip joint; Post Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; mahc 10 fall risk assessment; 5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08.21.2021; HEMIARTHROPLSTY; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; TINETTI; 13; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 29/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; INITIAL EXAMINATION; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 30/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 39%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 57; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI;VULVAR PAIN FUNCTIONAL QUESTIONAIRRE; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 32; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 6/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; manual muscle testing; 2; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 45/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2021; Hip Replacement; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 18%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 26% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 26%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEF; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 33/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL INDEX; 59%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Lower extremity functional scale; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PELVIC FLOOR INTERNANAL EXAM; VAGINAL; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFD; 100/300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; METs for SJ; Hip flexion; abduction/adduction strength; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; NONE; 80%; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; patient has not yet had physical therapy; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/14/2021; LEFT HIP ORIF; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 16%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; foto; 6; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFD; 59%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI URINARY; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Right and Left Lower Extremity Impaired;" Movement: All Movements (Grade 4-); Right and Left Lower Extremity Impaired;" Movement: All Movements (Grade 4-); The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO Knee; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO Knee; 38; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO HIP; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO HIP; 42%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Tinetti, TUG, 6MWT, mCTSIB; 64% Functional 18/28 high fall risk; The anticipated number of visits is other than 2.; Tinetti, SLS, STS, TUG, mCTSIB; 64%; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; foto; 68; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; FSFI;V-Q; 59.2%;69.7%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LEFS; SCORE NOT DOCUMENTED IN NOTES; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 80%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 85%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; n/a; Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; NIH; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; optimal instrument; 50%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; PFD; 47/300; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; SEE CLINICALS; SEE CLINICALS; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 45; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO Knee; 36 = 46% impairment; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Symmetry index; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 14; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 42/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 44%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Knee Outcomes Survey; 20%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefts; 24%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 15; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 45; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL INDEX; 48%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 51; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 53; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 55; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 35; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 42; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lefs; 8; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lower extremity; 40; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal and Dr visit; 75; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 33/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; apta; 76; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 56; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS JR; 52; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Knee Initial Evaluation; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 28; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; foto; 68; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Function Scale; Leg length; Posterior drawer sign; Range of motion; Manual muscle strength; 73% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 29%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extremity disability; 33; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 69; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower ext; 11.00; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Function Scale; 45%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 62%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Muscu Skeletal Assessment, functional mobility assessment, questionnaire measures; 60%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 71%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 23.75; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; foto; 46; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 83% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 61; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 22% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefs; 54%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 55; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefs; 70%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Low extremity scale; 54; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL INDEX; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 58%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS JR KNEE SURVEY; 67%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 16/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lefs; 68% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 25; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; OPTIMAL TOOL; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; AROM AND STRENGTH; 73% AROM;60% STRENGTH;DELAY; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 33; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lefs; 40% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KNOOS JR KNEE; 55%; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 51%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 72% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; 25; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; oxford knee score; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 32%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 24; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 45%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lysholm knee scale; 25; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal; 80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Mississippi County Health System Self-Rated Disability Questionnaire; 10% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 68%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 20; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; none; unknown; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Mississippi County Health System Self-Rated Disability Questionnaire; 37% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Foto outcomes; 55; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 12/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09-02-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; foto; 33/100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09-17-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; photo; 43; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09-21-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 51/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 55%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal; 85; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Patient presents left knee pain posterior lateral with ROM deficits in both flexion and extension. Pain rating with active flexion to -30 degrees is 6-7/10. Pain at rest in the same area is 3/10. Active ROM in knee extension on left is -10 degrees with ac; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 29; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 65; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 75%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 61% FUNCTIONAL DEFICIT; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lysholm Knee scoring scale; 57%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Knee Outcome Survey; 18.8%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Test; 22; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; foto; 39; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; in house; Mobility 10%;Body positions 20%;Handling objects 10%;Self Care 20%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 70%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Knee Outcome Survey; 36.25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Knee Outcome Survey; 55; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; PT EVALUATION- LOW;THERAPEUTIC EXERCISE TMT; N/A; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KNEE OUTCOME SURVEY (ADLS); 80%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 41% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 15/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 19; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 50/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 75; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 18.75%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 37; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 65/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 54; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal Instrument; 80%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal tools; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 46%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Function Scale; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 44/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The Lower Extremity Functional Scale; 75/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTEMITY FUNCTIONAL SCALE; 38; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Function Scale; Range of Motion; Manual Muscle Testing; Gait Assessment; 80% disability rating which makes her 20% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 47/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lower extremity functional scale; 70; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Missouri Alliance for HOME CARE; All Movements (Grade 2+); Motion PROM (degrees) AROM (degrees); Flexion 20; Extension 0; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 30; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal Instrument; 70%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 76/100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 27/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 30%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 60%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 28%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal outcome tool; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 33% FUNCTIONAL; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 48/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MMT; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Disability Index; 40% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 62; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PT EVALUATION ;THERAPEUTIC EXERCISE; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 51/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back Pain Questionnaire; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MOD OSWESTRY; 54; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Questionnaire; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 65; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 88% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; SHORT PHYSICAL PERFORMANCE BATTERY; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 15; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Scale; 76%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 24; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PHYSICAL THERAPY EVALUATION;THERAPEUTIC EXERCISE; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 32; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY Low Back Disability Questionnaire; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 31; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 84%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; UNKNOWN; 78%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 51; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Index; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 46/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2021; OLIF; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; TUG, Transfer Assessment, Berg; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain - Initial; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTERY; 22/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 57%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 74%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal and dr visit; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONAIRE; 82% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LOW BACK OSWESTRY; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low back pain scale; 90%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 16%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; REVISED OSWESTRY; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 21/50 42% disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; photo; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2021; DISCECTOMY; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 24/50 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Back questionnaire; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain - Initial; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK QUESTIONAIRE; 22 % FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Index; 18/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; UNKNOWN; 100%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 74%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Back index; 61% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswstry Low Back Pain; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 26/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 78%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; INITIAL EVAL; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified owswestry; 16/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PHYSICAL THERAPY EVALUATION;THERAPEUTIC EXERCISE; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified low back index; 5 out of 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 64 OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Questionnaire; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PSFS; 76%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 61; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK; 30%; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Negative straight leg raise test with negative bowstring bilateral LE's. Severe paraspinal muscle spasm bilateral greater on the right from L2 thru S2. Right side bend to 25 degrees causes pain bilaterally greater on the left. Pain rating 8/10. Left side ; 30%; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NOne; None; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 66; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Pain; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 43; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Pain Scale; 86% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 21; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 29; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; HOOS; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Index; 7/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 55/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 67; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONAIRE; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 62; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 62; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; CLINICAL OBSERVATION; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 74% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 82%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 12%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 13; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 57%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 24%; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 72%; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO Lumbar; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 48/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Lumbar decompression; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low back pain questionnaire; 27/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 51; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome tool; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 40/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 78; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; photo; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 10%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 62; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 82; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO Lumbar; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTERY BACK PAIN QUESTIONNAIRE; 72%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request ; Three or more visits anticipated; OSWESTRY LUMBAR PAIN QUESTIONNAIRE; 31%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request ; Three or more visits anticipated; OSWESTRY; 27/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 48/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Standard Medicare form; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 42% DISABILITY, 58% FUNCTIONAL.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 67; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 26; 52% DISABILITY; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; SCORE NOT DOCUMENTED IN EVAL NOTES; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OWESTRY LUMBAR PAIN QUESTIONNAIRE; 30/45- 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 16; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 65; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/16/2021; laminectomy; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; modified oswestry low back pain; 40/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Disability Questionnaire; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome tool; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestery; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 58/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 70; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED LOW BACK PAIN QUESTIONNAIRE; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 52.4%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry-Revised LB; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; owestry; 58; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/12/2021; lumbar spinal surgery; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; owestry; 62; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS; 57%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified oswestry; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry LB; 34/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 16; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; %54 functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 18; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/13/2021; Status post lumbar laminectomy; Status post lumbar spinal fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal outcome tool; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome tool; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal tools; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal; 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 32; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY DISABILITY INDEX; 25/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Form; 35%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Back Index; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 49.56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 54; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; function & pain questionnaire; 19; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestery Low Back Pain Disability Questionnaire, Modified; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2021; Dichotomy; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; None; None; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; INITIAL EVAL; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PDFI;OSWESTRY; 54.17 ;24%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; AROM; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO Lumbar; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 38/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 70; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry LB; 30/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OWESTERY; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; REVISED OSWESTRY; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2021; Lumbar fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 19; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Back Index; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 18; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Owestry; 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; INITIAL EVALUATION; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified Oswestry low back pain disability questionnaire; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Index; 40-60 %; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILTY; 38.1%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Disability Questionnaire; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 18/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; none; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 58; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 19; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 74%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFI; 43.75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 32% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical exam; at least 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical exam; at least 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry low back disability; 48% functional; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 68; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; Lumbar Stimuator; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO LUMBAR; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS:Lower Extremity Functional Scale; 20% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Questionnaire; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONAIRE; 50% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 13; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical exam; at least 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/05/2021; T10 through L2 posterior spinal fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 22/46 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Disability Index; 26% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 40% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical exam; at least 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestery Low Back Pain Disability; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Index; 20% - 40%; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 33; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 62; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Dis. index; 13/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Owestry; 54; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical exam; at least 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; physical examination; at least 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2021; 1.Application of intervertebral biomechanical device via posterior interbody approach at 2 levels, L3-L4, L4-L5.;2.Posterior interbody arthrodesis using autograft at L3-L4, L4-L5.;3.Posterior bilateral pedicle screw fixation from L3-L5.;4.Posterior; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; in house tool; Mobility 40%;Fall Risk High;Changing Body positions: 35%;Carrying/Handling objects: 20%;Self-Care 55%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; back index; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 41/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTERY BACK PAIN; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTERY MODIFIED; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 86%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PSFS; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown.; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 35.77; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back Pain; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 28/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS; 63/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 61 OF 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry LBP; 70% Disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; negative straight leg test with negative bow string bilaterally; significant lumbosacral paraspinal bilaterally spasms pain rating 6/10 with right side bend to 25 degrees. Pain rating left side bend at 30 degrees is 7/10. Forward flexion causes splinting; 50% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Index; 12/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Disability Index; 96%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Disability Index; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Back Index; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 33; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain; 20 or 40-60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 13; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Revised Oswestry Disability Index; 66% disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; low back pain disability index; 21/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Index; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Owestry; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MCHS Assessment; 10 %; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry disability; 69% functional.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain; 30 60-80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 72%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal tools; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; 75/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Back index; 42%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; EVALUATION;THERAPEUTIC EXERCISE;EL-STIMULATION; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; foto; 37; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 45; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 53%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 54%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 56; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 65%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; MCKENZIE TEST; 60%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Low Back Pain Questionnaire; 70%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry Low Back Pain; 42/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry Modified Oswestry Low Back Pain - Follow-up; 78%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry; 88% Functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; N/A; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; none; unknown; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; optimal instrument; 60%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Optimal; 9; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestery; 8%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestery; 68%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 15; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry; 28; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry; 28%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry; 40/80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry; 40%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 44%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry; 76% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; oswestry; Score not entered in progress notes; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry;Tinnetti; 70% functional-Oswestry;22 over all score-Tinnetti; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Revised auswestry.; 50%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; WebOutcomes Oswestry; 80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/08/2021; ORIF with rod and pins left; femur; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Lower Extremity Functional Scale; 20%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 68%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 60; Foto 60; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40; NECK INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 54% functional / 46% disability; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 44; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 46; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07.20.2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44; NECK INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40; OPTIMAL; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 43% IMPAIRED; NECK INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 58; neck disability index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 20; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 22; neck pain index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 26; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; none used; na; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti score: 25; NA; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TUG; 75%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50; manual muscle test; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 68.1%; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 84; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TENITI, TUG; 50%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Tenetty; 15/28; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44/100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 68; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 37.5%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; UNKNOWN; 51%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 18; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 27; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 32%; NECK Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 60% functional; Neck Pain Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/02/2021; Closed reduction; Placement of transtrochanteric intramedullary nail, Stryker; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2021; cervical arthrodesis; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 56%; neck disability index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 6%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Lower Extremity Functional Scale; 60%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 19% out of 50%; neck disability index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30; FOTO Neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 54; foto; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 56/100; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 29; dash; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 37; foto; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; observation assesment; unknown; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/12/2021; ORIF RIGHT TIBIA FX; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 2/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 66% functional; Neck Pain Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/13/2021; CERVICAL SPINAL FUSION; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 30; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 38%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 48% functional; Neck Pain Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Foto; 41; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2021; Intra medullary Nail; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 20%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24%; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 46% functional; Neck Pain Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; SEE CLINICALS; SEE CLINICALS; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI BALANCE AND GAIT SCORE; Unknown; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; INITIAL EVAL; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Neck Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Lower Extremity Functional Scale; 25/80; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; external fixation removed with ORIS; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; MAH C 10; 4; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 74% functional; ND; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 9; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 18; Neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50; foto; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; ROM; observation; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 19; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 31; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 47.5%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 14; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; BERG BALANCE TEST; 39/56 MEDIUM FALL RISK; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/05/2021; GUN SHOT WOUND; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/21/2021; Open Reduction and Internal Fixation; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; MAHC 10 Assessment; 8; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; right knee surgery; see clinicals; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; see clinicals; see clinicals; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; ACTIVE VERTIGO REQUIRES EPLEY TO CORRECT.; EPLEY PROCEDURE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; berg;observation;clinical; Patient has been on the vent and is very weak but according to Berg would be 86% functional; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 55%; NPI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 3; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 61; foto; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 64%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unk; unk; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 36; neck disability index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 38%; neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42/100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 86%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; tinetti; 24; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 22; owestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; Neck Disability Index Questionnaire Initial; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; SCORE NOT DOCUMENTED IN EVAL NOTES; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 27/80; UEFI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FUNCTIONAL (PT);BALANCE (PT);TINETTI;STATUS: 28;STG: 28;TARGET DATE: 08/11/2021;GOAL MET: Y;COMMENTS: ;;LTG: ;TARGET DATE: ;GOAL MET: N;COMMENTS: ;;CARRYOVER: N;GAIT (PT);LEVEL SURFACE DEV; FUNCTIONAL (PT);BALANCE (PT);TINETTI;STATUS: 28;STG: 28;TARGET DATE: 08/11/2021;GOAL MET: Y;COMMENTS: ;;LTG: ;TARGET DATE: ;GOAL MET: N;COMMENTS: ;;CARRYOVER: N;GAIT (PT);LEVEL SURFACE DEV; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 58% functional; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 60%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 72; Owestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 25/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 48.1; NDI CROSSWALK (NECK); The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 55%; Upper Extremity Quick Dash; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FUNCTIONAL (PT);BALANCE (PT);TINETTI;STATUS: 21;STG: 24;TARGET DATE: 09/10/2021;GOAL MET: N;COMMENTS: ;;LTG: ;TARGET DATE: ;GOAL MET: N;COMMENTS: ;;CARRYOVER: ;GAIT (PT);LEVEL SURFACE DEV; FUNCTIONAL (PT);BALANCE (PT);TINETTI;STATUS: 21;STG: 24;TARGET DATE: 09/10/2021;GOAL MET: N;COMMENTS: ;;LTG: ;TARGET DATE: ;GOAL MET: N;COMMENTS: ;;CARRYOVER: ;GAIT (PT);LEVEL SURFACE DEV; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FUNCTIONAL (PT); TRANSFERS (PT); SIT TO STAND; STATUS: MAXIMUM ASSIST; STG: MINIMAL ASSIST; TARGET DATE: 09/11/2021; GOAL MET: N; COMMENTS: ; LTG: STANDBY ASSIST/SUPERVISION; TARGET DATE: 10/11/2021; GOAL MET: N; FUNCTIONAL (PT); TRANSFERS (PT); SIT TO STAND; STATUS: MAXIMUM ASSIST; STG: MINIMAL ASSIST; TARGET DATE: 09/11/2021; GOAL MET: N; COMMENTS: ; LTG: STANDBY ASSIST/SUPERVISION; TARGET DATE: 10/11/2021; GOAL MET: N; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 26% Functional; UEFS; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42 of 100; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 31/50; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Oswestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66% FUNCTIONAL; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Mild objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; POSTERIOR CERVICAL WOUND REVISION/RE CLOSURE FOR DEHISCENCE FOLLOWING CYST EXCISION; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44% FUNCTIONAL; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; Status post PCDS; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 82; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; HARDWARE REMOVAL RIGHT CALCANEUS; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/30/2021; Cardiac valve replacement; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; see eval attached; see eval attached; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 56%; dizziness handicap inventory survey; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; ; 25; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 22%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30%; NECK INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 10%; Dizziness Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 38%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 80% functional; Neck pain index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; none; not one used; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unk; PT Spine Evaluation; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NA; MEASUREMENTS; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 20% functional; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50; neck disability index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 56%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50.00; Neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 22; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 28/50; NECK PAIN AND DISABILITY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; PSFS; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 80; optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; SEE CLINICALS; SEE CLINICALS; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; NOT DOCUMENTED IN NOTES; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 10/50; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 20%; Optimal Instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Not available; Optimal Tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/23/2021; c5, c6, and c7 discectomy and fusion; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 71% Functional Disability; Neck Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ABC Scale; 30%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2021; cervical fusion; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Optimal Instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 23/50; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 92%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; not available; Optimal Outcome Tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/20/2021; Femur surgery; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; foto; 40; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/17/2021; AMPUTATION; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; SEE CLINICALS; SEE CLINICALS; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42; OSWESTRY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42% DISABILITY; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; optimal instrument; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; oswestery; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44%; neck disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TUG; 50%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; INITIAL EVAL; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; ND; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 22%; neck pain index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 53; FOTO NECK; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; at least 75%; physical exam; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LE functional scale; 11/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Oswestry Disab Index (ODI); 37.8%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TUG; 46 sec; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; ; Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 0/80; UEFI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 28; Neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 23; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34; neck index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 63%; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; FOTO; 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; L AKA; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; TUG; Greater than 30 seconds; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 80; Weboutcomes NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti, TUG, 30 second chair stand test; 21/28 25%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; ; 50/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 32%; NECK DISABILITY INDEX PATIENT QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LOWER EXTREMITY FUNCTIONAL SCALE; 75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 16; NECK INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 45%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; SCORE NOT DOCUMENTED IN NOTES; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; FOTO; 55; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; optimal outcome tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 46; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 48; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 67%; clinical observation; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; optimal outcome tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 48%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TUG; 22 seconds; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 32%; Functional and pain questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 76%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 35%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; PT EVALUATION- LOW;THERAPEUTIC EXERCISE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; OSWESTRY; 58% DISABILITY; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/21/2021; ACF; Post Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 74/100; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Tinetti POMA;1/28 3.6 %;TUG ;unable due to restrictions;30 second chair stand test;0 times;6 MWT;NT unable due to functional limitations; 3.6 %; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Enter name of tool here 60; Neither Pre-Op, Post-Op or Non-Surgical; 60; Enter name of tool here The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; OK; The members functional deficits are severe; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 61%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 5; optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 10/100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 18/; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 22/50; neck pain index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 22%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 40%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 46; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 51; foto; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 60%; Neck Disability Index test; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 68; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 75; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; SCORE NOT DOCUMENTED IN NOTES; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request.; SCORE NOT DOCUMENTED IN PROGRESS NOTE; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Knee injury Osteoarthritis Outcomes Score; 72 OF 100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 31/80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; na; na; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; see PT reveal attached; 0; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; tinetti; 8; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; spdi; 60; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/16/2021; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 47; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 36; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 42%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Index; 40%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/02/2021; L Shoulder RTC Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 93%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 84.09/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; RIGHT SHOULDER CAPSULE REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 49; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 27.3/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2021; Total Shoulder Arthroplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 49%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; 20.45; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 77%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 17; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto - shoulder; 59; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 55; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal outcome tool; 12; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 57; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SHOULDER PAIN AND DISABILITY INDEX; 57; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 54%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 68%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 62%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 73; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 42; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 14; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2021; Posterior Labral Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 47; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2021; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 56.81; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2021; L Shoulder arthroscopy with arthroscopic bicep tenodesis; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 54; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; shoulder arthroscopy and decompression; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 40; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 20% FUNCTIONAL; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quickdash; 60% functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2021; AC Joint Stabilization; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 61; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 67%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 59; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 36; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 68%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 36.25; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 57; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash Upper Extremity; 60%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; right shoulder arthroscopic superior labral anterior to posterior repair, distal clavicle excision; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; spadi; 87%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 53; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 61%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 56; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/15/2021; TSA- Left Shoulder Replacement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO Shoulder; 20; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 55; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder Disability Index; 22% functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2021; Left shoulder diagnostic and operative arthroscopy with arthroscopic subscapularis repair, supra and infraspinatus repair, labral debridement and subacromial decompression; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 25% functional; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; 97012; 63%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 18; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 10%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash; 45.45%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO Shoulder; 50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; 56%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 13.26; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 30%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 43; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; Left scope RC repair with;SAD; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 39%; Post-Op; The anticipated number of visits is other than 2; ; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 52; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 69; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NONE; NONE; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 45.45%/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal tools; 50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 52.3%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 20%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 59.2%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Tinetti; 25/28; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; Right shoulder diagnostic and operative arthroscopy with arthroscopic biceps tenotomy, subacromial decompression and rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 10% functional; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO Shoulder; 62; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 45.45; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/29/2021; Left RTC repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; evaluation; Changing and Maintaining Body Position 0%; Carrying, Moving and Handling objects 0%; Self-Care 0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; pain scale (Wong Baker); 70%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UNKNOWN; 75%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 84 OF 100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 37.5%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 74; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 84%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity functional index; 31; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/05/2021; Post-op shoulder arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal outcome tool; 30%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; SCORE NOT DOCUMENTED IN EVAL NOTES; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity functional index; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/03/2021; OPEN REDUCTION AND INTERNAL FIXATION OF LEFT HUMERUS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 76; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 88.6%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 18%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UNKNOWN; UNKNOWN; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/09/2021; RIGHT SHOULDER ARTHROSCOPY WITH CAPSULORRAPHY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 29; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal; 50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 86; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/09/2021; JOINT REPLACEMENT SURGERY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; TINETTI; 26; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; LEFT SHOULDER ARTHROSCOPY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 88.3%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; photo; 46%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2021; SLAP REPAIR, RIGHT SHOULDER; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 48% FUNCTIONAL; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; Shoulder Arthroscopy with rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Goniometer; 40%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/13/2021; left shoulder arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 52; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; PSS; 57/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 73%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 43%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; none; none; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 60%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 27; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI (Shoulder Pain and disability Index); 39.23%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity functional index; 6.25 % disability;93.75 % Functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/12/2021; p RC repair- Hx of RC repair several years ago that;was re-injured in a fall;; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 14%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DISABILITIES OF ARM,SHOULDER,HAND; 54%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 57; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Spadi; 52%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/30/2021; arthroscopic extensive debridement, distal clavicle excision and subacromial decom; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 59/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI- UPPER EXTREMITY FUNCTIONAL INDEX; IMPAIRMENT LEVEL- 69%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 49/80 ;39%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal; 50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder Disability Index; 23% functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SHOULDER PAIN AND DISABILITY INDEX; 47.7; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/26/2021; rotator cuff repair (adding anchors and removing bone spurs); Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; None; N/A; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/05/2021; Left Shoulder SAD and DCR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity functional scale; 60; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 39%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 34/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2021; SHOULDER ROTATOR CUFF ARTHROSCOPY- Rotator Cuff Repair, Subacromial Decompression & Acromioplasty- Lt With Ultrasound Guided Interscalene Block For Post Op PAin Management - General; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 54; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/20/2021; right shoulder arthroscopy with labral debridement and rotator cuff debridement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; spadi; 32%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/26/2021; Close manipulation of right shoulder; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; Enter score here Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; none; none; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 66; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 54; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 79; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 20; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 70%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/13/2021; Left Shoulder ORIF for prox hum fracture and right shoulder reduction for dislocation; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 7; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 48%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 64; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 65%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/07/2021; C6-C7 ACD; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Neck Disability Index; 44%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/13/2021; RT RCR REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 2% FUNCTIONAL; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 75%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 33; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quickdash; 64 functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto outcomes; 72; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/26/2021; Rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 27; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2021; Arthroscopic Surgery; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 53; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 28%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity quick DASH; 70; Non-Surgical; The anticipated number of visits is other than 2; ; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/13/2021; RIGHT SHOULDER RSA; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 47%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; open reduction internal fixation left proximal humerus fracture; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; spadi; 0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 60%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/07/2021; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 66%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; S282.1; 11; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 84/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI); 53.75% FUNCTIONAL AND 46.25% DISABILITY; SCORE: 43/80.; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEIS; 0.7; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity; 0% functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2021; impingement shoulder surgery; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; 10/10; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quickdash; 52.27%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 36.36; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; in house tool; Changing body positions: 45%;Carrying/Handling objects:30%;Self-Care 65%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 34% FUNCTIONAL; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 26%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/11/2021; R shoulder debridement, decompression of subacromial space with partial acromioplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 46; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 61; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 38; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder Pain and Disability Index; 38%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY FUNCTIONAL SCALE;DASH; 55%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 89; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity QuickDASH; 27.27%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/20/2021; Arthroscopic shoulder surgery; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 26; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 48; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/20/2021; LEFT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR;LEFT SHOULDER ARTHROSCOPIC DISTAL CLAVICLE EXCISION;LEFT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 44/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; Right shoulder replacement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 43; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/24/2021; ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 84% DISABILITY; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DISABILITY OUTCOME; 31; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 60%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quickdash; SCORE NOT DOCUMENTED IN EVAL NOTES; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 70.45; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 32.5; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SHOULDER PAIN AND DISABILITY INDEX; 22.3; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2021; S/P BICEPS TENODESIS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 79%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; spadi; 100%; Non-Surgical; The anticipated number of visits is other than 2.; none; none; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal; 75; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FABQ; 67%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; BACK INDEX; 40%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; EVALUATION;THERAPEUTIC EXERCISE; N/A; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Mississippi County Health System Self-Rated Disability Questionnaire; 32% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Disability; 26%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; low back questionnaire; 23/50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ODI; 34; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 44/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; oswestry; 28% disability; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; range of motion; 75; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; none; 75%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; PSFS; 63%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 79%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 44; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; PSFS; 67%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; THORACIC DISABILITY INDEX; 46%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 50/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; osestery; 16 out of 48; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 34; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY; 12; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; foto; 49; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY; 4; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; unknown; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry; 62% Functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Back Index; 11; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; S1; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 78% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 29/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Flow sheet; Enter score here One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; foto; 44% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; UEFI; 21 out of 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; UEFI; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; FOTO; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; UEFI; 55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; Carpal Tunnel Release, Cubital Tunnel Release, Medical Epicondylitis Debridement; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; DASH; 68.2%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 65.91%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; UEFI; 54; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; ADF; 85; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Dynamometry; 85%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; UEFI; 55%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic but does manage speech therapy for the member's plan | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; WOMAC; 95; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2021; total right knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; Right Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale;ROM measurements; 9%; The anticipated number of visits is other than 2. ; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/04/2021; ORIF of R patella; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2. ; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; L ACL RECONSTRUCTION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 25/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2021; partial TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; koo; 45; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; Left Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 32.8% function; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; Right total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 30/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/27/2021; Left Patellar and Quadriceps Tendon Repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Mississippi County Health Systems Self-Rated Disability Questionnaire; 8% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; STATUS POST LEFT TOTAL KNEE ARTHROPLASTY REVISION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; Total Knee Replacement was performed; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 50%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/21/2021; Right Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 18; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; traumatic arthropathy to the knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 12; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2021; Pt presents to clinic s/p R TKA on Wed. July 28th.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Knee injury Osteoarthritis Outcomes Score; 12 OF 100 = 12%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-02-2021; right total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Test (LEFS); 11; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/30/2021; REPAIR PATELLA TENDON; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXT FUNCTIONAL INDEX; 24%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/17/2021; Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Braden Scale; 80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/12/2021; ORIF Patella; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS JR; 59; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 7/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/24/2021; LEFT TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); 27.5% FUNCTIONAL AND 72.5% DISABILITY; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/24/2021; (R) TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO Knee Impairment Assessment; 0% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2021; ORIF; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 13% Functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2021; R TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFI; 90%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/26/2021; OSGOOD-SCHLATTERS; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 25; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/20/2021; (L) patella tendon repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO Knee Assessment; 75%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/31/2021; ACL MCL RECONSTRUCTION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; WOMAC; 78/96 81%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/21/2021; TOTAL KNEE REPLACEMENT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; BORG BALANCE; 55; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/27/2021; RIGHT TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 10/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/06/2021; Left knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 39%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/21/2021; RACL RECON QTA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 33%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/13/2021; RT knee scope with partial MM; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 24%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; (R) knee scope--chondroplasty / loose body removal / lateral release; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 19%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; Right knee ACL Auto quad; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 10%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; RIGHT KNEE CHONDROPLASTY, SUPINE, GENERAL; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 23%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; MENISCUS TEAR; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 32/80; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/05/2021; right knee arthroscopy with anterior cruciate ligament reconstruction with quadriceps tendon autograft, medial meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 28%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2021; KNEE ARTHROSCOPY WITH MEDIAL MENISCECTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 7.5%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2021; right knee arthroscopy with ACL reconstruction. posterior tibial allograft;partial medial/lateral meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 11%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2021; BILATERAL PLM/PMM, SUPINE, GENERAL AND REGIONAL; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 5%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Left knee ACL reconstruction.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal outcome tool ;sitting 4;walking short distances 4;climbing 4; 12; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; Lft Knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFI; 38; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2021; right TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Tinetti; 14/28; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-18-2021; R knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lysolm; 71%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; MPFL/meniscus repair 5/19/21; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto, Lefs; Foto 49, Lefs 41; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07-06-2021; Right TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 1/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; left knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity; 10; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; Arthrofibrosis, s/p quadricepsplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOS; 24; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/12/2021; LEFT TOTAL KNEE ARTHROSCOPY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 0; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 40%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; ACL Repair & meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower extremity functional scale; 62 of 80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; TINETTI; 15; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/16/2021; 29881 - KNEE ARTHROSCOPY/SURGERY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 16/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03-22-2021; Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; None; None; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; ; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; PARTIAL MENISECTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; THE LOWER EXTREMITY FUNCTIONAL SCALE; 18%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; L KNEE SCOPE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 43 OF 80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; Arthroscopic medial meniscectomy, left knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 26/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2021; LEFT TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 97.5%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|--|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| | 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/29/2021; RIGHT KNEE ARTHROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; " MAHC-10 Fall Risk: MAHC-10 assessment was performed.; Right Knee Impaired;" Movement: Flexion (Grade 2+) " Movement: Extension (Grade 2+);Right Hip Impaired;" Movement: Flexion (Grade 4-);Right Ankle Impaired;" Movement: Dorsiflexion (Grade 0) " Movement: Plantarflexion (Grade 4); The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was | 1 2021 | Jul-Sep 2021 |
| | 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/02/2021; Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 11%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/06/2021; Right knee arthroscopy, chondroplasty medial/ lateral meniscectomy, loose body removal; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 45%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2021; Partial Medial Meniscectomy and Arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 52%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2019; Right Knee Arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 86% disability (11/80); The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; Procedure(s) and Anesthesia Type;; * KNEE MENISCECTOMY ARTHROSCOPIC; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07-12-2021; ARTHROSCOPY MENISCAL TEAR STATUS POST RESECTION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KNEE OUTCOME SURVEY; 55%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; tinetti; 18; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; Total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 1; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/19/2021; Arthroscopy of right knee with medial meniscal repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 12%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/19/2021; Right PFA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 75% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2021; LEFT TOTAL KNEE ARTHROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 15; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/24/2021; LEFT TOTAL KNEE ARTHORPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 85%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/14/2021; Below Knee Amputation; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; tinetti; 13; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/24/2021; LEFT KNEE ARTHROSCOPIC PARTIAL MEDIAL MENISCECTOMY AND LATERAL MENISCECTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 48.8%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/26/2021; Left Total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 6; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/29/2021; Knee Scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; foto; 66; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2021; Total Right Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Optimal Instrument; 40 degrees; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2021; ACL RECONSTRUCTION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 15%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2021; Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; TINETTI; 17; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2021; R arthroscopy w/ ACL; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; goniometer; 45; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/04/2021; Partial medial meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 51; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-08-2021; lateral meniscectomy, medial meniscectomy and clean up from chondromalacia; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 15; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/03/2021; arthroscopic extensive synovectomy/cyst excision, left knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Functional Extremity Survey; 13.75%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2021; ACL Reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto Outcomes; 38; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/10/2021; R knee arthroscopy and lateral meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 32/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/09/2021; RIGHT COLLATERAL LIGAMENT/POSTEROLATERAL CORNER RECONSTRUCTION WITH POSTERIOR TIBIALIS TENDON ALLOGRAFT;NEUROPLASTY OF RIGHT COMMON PERONEAL NERVE AT KNEE;RIGHT LATERAL MENISCUS ROOT REPAIR; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 62.5%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/08/2021; RIGHT KNEE SCOPE WITH MENISECTOMY AND CHONDROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 31/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/10/2021; left knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 80%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/14/2021; R KNEE SCOPE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KOOS JR KNEE SURVEY; 42%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/15/2021; LEFT KNEE ARTHROSCOPY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 80%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/13/2021; Arthroscopy of right knee with medial meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 34; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2021; ARTHROSCOPIC REPAIR OF RT ANTERIOR CRUCATE LIGAMENT AVULSION AND CHONDROPLASTY OF THE MEDICAL FEMORAL CONDYLE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 20%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/17/2021; RIGHT TOTAL KNEE REPLACEMENT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 95%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2021; R Knee medial and lateral meniscectomies; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 38%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/22/2021; left total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; TKA left side; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 14; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/23/2021; right MPFL reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS JR.; 45%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-16-2021; Plica synovectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower extremity functional assessment; 60% disability; 40% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; FOTO; 24; The anticipated number of visits is other than 2.; Three or more visits anticipated; FOTO; 24; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; FOTO; 61%; The anticipated number of visits is other than 2.; Three or more visits anticipated; FOTO; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; LEFS; 50% functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; Oswestry; 44% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Hand request: ; Burg functional balance scale; 17%/56%; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Burg functional balance scale; 4%-5%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/27/2021; Insertion of Lft tibial intramedullary nail. closure of rt foot open wound; Post-Op; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; n/a; n/a; The anticipated number of visits is other than 2.; observation and assesment; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lefs; 20/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; lefs; 20/80; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 08/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; ; Enter score here Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01-10-2021; ORIF navicular stress fracture; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 81%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Functional Scale; 23%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foot and Ankle Ability Measure - Sports Subscale; 53/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 5; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; amputation and debridement of chronic wound to the right lower extremity.; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF Scale; 37%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; foto; 69%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 52; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Gross Muscle Tests Lower; -5; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Pain Free Motion; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 73/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFI; 41%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Functional Scale; 35% Functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 50/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 58.75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; none; none; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 47.5%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 15; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Function Scale; 70%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 44/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; SCORE NOT DOCUMENTED IN EVAL NOTES; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal instrument; 80%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOOT AND ANKLE ABILITY MEASURE(FAAM)60%; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; PT eval scheduled on 9/24/21; ...; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2021; tendon repair due to plantar fasciitis; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 46; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foot and Ankle Ability Measure - Sports Subscale; 69/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 57; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 99; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 62.5%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Function Scale; 79%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Scale; 75%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal instrument; 25%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/20/2021; R knee arthroscopy; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; LEFS; 20/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 20/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; Optimal Instrument; Optimal instrument; 25%; 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 46.25; 46.25; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; psff; psff; 60; 60; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; physical exam; physical exam; at least 25%; at least 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; lower extremity functional scale; lower extremity functional scale; 23%; 23%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 25% functional; 25% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; Foto; Foto; 41; 41; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; STRENGTH/RANGE OF MOTION; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; FUNCTIONAL LIMITATION REPORTING; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Lumbar Spine request; ; optimal tool; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; optimal tool; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Lumbar Spine request; ; LEFS; 65/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; OSWESTRY; 28/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/29/2021; Right first toe amputation; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO Foot/Ankle; 32; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO Foot/Ankle; 32; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Foot/Ankle; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; LEFS; 11%; The anticipated number of visits is other than 2.; LEFS; 11%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Lower extremity functional scale; 70; The anticipated number of visits is other than 2.; Lower extremity functional scale; 70; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Lower Extremity Functional Scale; 68; The anticipated number of visits is other than 2.; Berg Balance; 8; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO FOOT ANKLE; 38; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO Foot/Ankle; 38; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Foot/Ankle; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 50%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; Lt revision peroneal tendon vs. allograft tendon reconstruction vs. peroneal tenodesis; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 15%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/26/2021; ORIF of right calcaneus fx; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 1%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 65%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 44%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2021; Rt open repair fibula FX, repair dislocated peroneal tendon, possible peroneal tendon repair; Post-Op; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 19%; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Enter name of tool here Enter score here One Body Part selected; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2021; RIGHT ANKLE SURGICAL FUSION; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; UNK; UNAVAILABLE; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 31% FUNCTIONAL; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 43%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lowe Ext; 75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; XR Lower Extremity; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 0.8125 functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; foto; 26; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 43; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 16/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2021; OPEN REDUCTION INTERNAL FIXATION OF LEFT ANKLE LATERAL MALLEOLUS FRACTURE; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 34%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; arthroplasty; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/06/2019; LEFT ANKLE FRACTURE AND ORIF; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; NONE; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 25; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Goniometer; 75%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 23%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 50/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 53%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; n/a; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2021; ORIF; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 40/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 39; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/04/2021; SUBTALAR ORTHODESIS; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LOWER EXTREMITY FUNCTIONAL SCALE; 51/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 27%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lefts; 3 out of 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lefts; 34 out of 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lefs; 61; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 50/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal instrument; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 63; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 61/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 36.25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 55; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremities Functional Scale; 22 of 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal; 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/10/2021; ORIF L FIBULA/SYNDESMOSIS; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 48%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; rt ankle orif; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; no functional outcome tool used; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 42%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 40%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; ankle surgery; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 14/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; THE LOWER EXTREMITY FUNCTIONAL SCALE; 86%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO Foot/Ankle; 40; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; UNKNOWN; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Optimal; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|--|---|---|---------------|---------------------|
| | | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/24/2021; fixation for a lateral malleolus and tibia; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; tinetti; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2021; ; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 50/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 46%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOOT & ANKLE DISABILITY INDEX (FADI); 61%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; KOS; 84.29; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal; 25; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; R Ankle ORIF; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Functional Scale; 40%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 43%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lfs; 28%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 62; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; UNKNOWN; 70%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lefs; 58; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/01/2021; debridement and irrigation of the bone, right ankle open talus fracture dislocation;Open reduction of right subtalar dislocation;percutaneous repair of right talar neck fracture; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lefs; 69%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFI; 71; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 42.5; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-----------------------------|-----------------|--------------------------|-----------------|---|---|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; ORIF; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 47; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021</p> | <p>7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 67%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; 69; 69; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 25; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lefs; 32/80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lefs; 34%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 39%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 40%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 54/80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lefs; 54% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 60%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; NO SCORE ENTERED IN PROGRESS NOTES; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; SCORE NOT DOCUMENTED IN NOTES; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Functional Scale; 32%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 80%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; RT INTRA-ARTICULAR DISPLACED COMMINUTED FRACTURE W/PERNEAL TENDON DISLOCATION; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; LEFS; 40; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 40; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|--------------------------------------|--------------------------|-----------------|--|---|--|---------------|---------------------|
| | | | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; Bone graft for non healing fracture; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; Range of motion; Manual muscle test; Lower extremity function scale; Per patient he scored 80/80 on lower extremity function scale that would make patient at 0% functional; The anticipated number of visits is other than 2; Three or more visits anticipated; Range of motion; Lower extremity function scale; Manual muscle test; Lower extremity function scale, patient rated self 80/80 which would be 0% functional; The anticipated number of visits is other than 2; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |
| <p>7/1/2021 - 9/30/2021 7/1/2021</p> | <p>Physical Medicine</p> | <p>Approval</p> | | <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p> | <p>Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 56.25%; 56.25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is</p> | <p>1 2021</p> | <p>Jul-Sep 2021</p> |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); 17.5% FUNCTIONAL, 82.5% DISABILITY; SCORE: 14/80; 17.5% FUNCTIONAL, 82.5% DISABILITY; SCORE: 14/80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 05/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/03/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/29/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/30/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07-15-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/03/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2021; 25350/25390, Right distal radius osteotomy with cancellus chips. op/gen/90 min; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; ORIF RIGHT RADIUS AND ULNA.; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/13/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; RIGHT CARPAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2021; BREAST SURGERY; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/14/2021; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/20/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/26/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07-10-2013; RADICAL MASTECTOMY; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/29/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; LEFT VOLAR GANGLION CYST EXCISION & LEFT CARPAL TUNNEL RELEASE; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/23/2021; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; Right cubital tunnel release; right carpal tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/03/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/20/2021; Left Dequervains release, left wrist scope TFCC debridement vs repair, possible ulnar shortening osteotomy; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/20/2021; Left DeQuervains release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2021; Right wrist scope, TFCC debridement vs. repair; with ganglion cyst excision; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/10/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 4 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/13/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/02/2021; LEFT CUBITAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2021; RIGHT CARPAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Peabody developmental motor skills; less than 1%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Patient requires human assistance for age appropriate basic activities of daily living; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; CT SX, FUSION OF HAND BONES, INCISE WRIST/FOREARM TENDON, REMOVAL OF WRIST BONE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2021; Right thumb ligament reconstruction tendon interposition arthroplasty & right in-situ ulnar nerve release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; LEFT BREAST LUMPECTOMY, LEFT COMPLETE AXILLARY DISSECTION, REMOVAL OF LEFT BREAST IMPLANT; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/26/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/03/2021; ORIF RIGHT DISTAL RADIUS; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/30/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 08/31/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/14/2021; ORIF LEFT LONG FINGER DISTAL PHALANX, POSS TENDON REPAIR; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2021; meniscectomy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-15-2021; LEFT THUMB MASS EXCISION; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/13/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2021; RIGHT ELBOW MASS EXCISION; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; unknown; unknown; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 06/28/2021; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2021; left ring trigger finger release, left cubital tunnel release, Guyon's with mass in Guyons, LCTR; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer ; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/26/2021; LEFT THUMB MPJ; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/16/2021; R WRIST DEQUERVAIN RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 11/19/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; PR Revise Ulnar Nerve at Elbow BL 64718; Post-Op; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; functional history;; Current LOF: Pt has difficulty bearing weight through BUE's, showering, fixing hair, and doing dishes, due to symptoms in BUE's. ; Prior LOF: Pt had difficulty performing certain tasks, prior to bilateral elbo; Additional functional history;; Current LOF: Pt has difficulty bearing weight through BUE's, showering, fixing hair, and doing dishes, due to symptoms in BUE's. ; Prior LOF: Pt had difficulty performing certain tasks, prior to bil; 40; 40; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; dash; 52; Therapy type is Rehabilitative; dash; 52; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; GRIP/PINCH/STRENGTH; 25%; Therapy type is Rehabilitative; DASH; 56.7; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Elbow request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 63.64; Therapy type is Rehabilitative; RANGE OF MOTION; Enter50%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; objective findings; objective findings; 25%; 25%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; carpal tunnel; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; ; grip; 30% disability; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Wound/Burn Care selected as the second body type/region; Body Part for second pass is Wound/Burn Care; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; ; ROM TEST; Flex 46Extension 37Ulnar deviation 24R Radial deviation 3; ROM TEST; Flex 46Extension 37Ulnar deviation 24R Radial deviation 3; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; optimal; 50; optimal; 50; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Oswestry; 62% Disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 62% Disability; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Pelvis/Hip request; ; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Occupational Therapy; Speech Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Scale; 20% of Functional Ability; Non-Surgical; The anticipated number of visits is other than 2.; 54% Disability; Neck Pain Disability Index Questionnaire; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|--|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| | 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; 40/100; NECK DISABILITY INDEX QUESTIONNAIRE.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |
| | 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 45; The anticipated number of visits is other than 2.; DASH; 35; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 07/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Oswestry Disability Questionnaire; 20% Disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Upper Extremity Functional Index; 68% of Functional Ability; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 18; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; QUICK DASH; 37; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; The requesting provider is other than Physical Therapy or Occupational Therapy; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Upper Extremity was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH;Penn Shoulder Score; DASH;Penn Shoulder Score; 44%; 59%; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal; 50%; Optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Instrument; 50%; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Questions about your Wrist request; ; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Occupational Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Occupational Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; The member's plan does not require the collection of start and end dates | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; 64718 LEFT** Elbow Open is CuTR, 24358 Medial Epicondylitis DEB---Gen Block; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH OCCUPATIONAL THERAPY; 56.8%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Hand; 09/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2021; right index surgery; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; aram; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; QUICK DASH OCCUPATIONAL THERAPY; 38.6%; One Body Part selected; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; none; n/a; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/16/2021; SHOULDER SURGERY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ot recert; 50; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 54%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/29/2021; right wrist scope, right wrist TFCC repair, Right ECU stabilization; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 57.5%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2000; surgical procedure; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 66%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 75%; The anticipated number of visits is other than 2; ; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 43; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 20.5%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 70.45; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal; 50; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 6.8%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-09-2021; Tight partial medial epicondylectomy with common extensor tendon debridement and repair; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Range of Motion, Manual muscle testing, Pain Scale; 50% disability; 50% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 37; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; quickdash; 60%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 59.09; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/15/2021; CUBITAL TUNNEL RELEASE; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; THERAPIST EVAL; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; optimal; 50; The anticipated number of visits is other than 2.; optimal; 50; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; QUICK DASH; 25%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; HAND AROM/PROM; 70; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Goniometric Measurements; Range Of Motion; 75%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 65.90%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 90.90%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/18/2021; zone 5 extensor repair, ECU right hand; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; 15%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Right Hand Extensor Tendon Repair; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDASH; 91; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 32%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Joint replacement; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 47; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2021; left index finger MP joint arthroplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 43.1%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/30/2021; surgery on nervous system; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quickdash; 36%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/13/2021; open reduction internal fixation; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Instrument; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; Right middle finger mucoid cyst excision with ext. tendon repair; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick Dash; 56%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; mod spadi; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; NONE; NONE; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper Extremity Quick DASH; 64/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; PATIENT RATED HAND EVALUATION; 57%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDASH; 37; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2021; (R) Thumb CMCJ Arthroplasty/CT Release; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO Elbow wrist hand; 54; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2021; RIGHT RF ORIF DYNAMIC EX FIX; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 88.63%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; NONE; NONE; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Range of motion; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; LEFT RING FINGER AMPUTATION REVISION TO THE DISTAL INTERPHALANGEAL JOINT (DIP) JOINT; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 43; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; unknown; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; aron; Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-27-2021; repair of right flexor pollicis longus; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick DASH; 25% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 48; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2021; Dupuytren's contractor release with partition with palmer fasciectomy.; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 47; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; n/a; n/a; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2021; trigger finger release; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/19/2021; Right Wrist Implant Removal and Tendon Transfer for Thumb Extension; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDASH; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/05/2021; Extensor tendon repair; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Goniometer; 5%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; 59%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2021; RIGHT THUMB FLEXOR POLLICIS LONGUS REPAIR;RIGHT THUMB RADIAL DIGITAL NERVE MICROSCOPIC REPAIR ;RIGHT CARPAL TUNNEL RELEASE; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; 31%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2021; Right CMC Arthroplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Instrument; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/10/2021; Right De Quervain's release; removal of hardware on right radius; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick DASH; 10% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quick dash; 63.64%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quickdash; 69%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; ; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; NONE; N/A; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | |
|-------------------------------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; optimal; 0; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Quick Dash; 22.73; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 29.5; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 43.1%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 88.6%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Upper Extremity Quick DASH; 16%; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08-30-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; ; Three or more visits anticipated; Therapy type is Rehabilitative; 44; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Mild objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; 6/10; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/15/2021; cervical fusion; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/15/2021; Open reduction internal fixation of left distal radius.; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-18-2021; ORIF of her right ankle and ORIF of her fifth metatarsal; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 53; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPPER EXTREMITY QUICK DASH; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SIMPLE SHOULDER TEST; 42% FUNCTIONAL; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 30; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 45/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2021; RT ATS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 49; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 84; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 27.5%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/13/2021; Right reverse total shoulder replacement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Barthel; 70; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Penn Shoulder Score; DASH disability symptom score; DASH work module score; 81% Functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2021; ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH.; 80/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08-02-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 20; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 29.55/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; N/A; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 22.7%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2021; ARTHROSCOPIC LEFT SHOULDER SLAP II REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 38.3%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 78.3%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 37; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 56; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 43%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/12/2021; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 74%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/05/2021; LT SHOULDER ARTHROSCOPIC LABRAL DEBRIDEMENT, ACROMIOPLASTY WITH CORACOACROMIAL LIGAMENT RELEASE, AND DEBRIDEMENT OF SUBACROMIAL BURSA AND EXCISION OF INFERIOR OSTOPHYTES AT AC JOINT; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 50; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/20/2021; ARTHROSCOPY RT SHOULDER WITH LABRAL AND BICEPS TENDON DEBRIDEMENT, CHONDROPLASTY OF THE HUMERAL HEAD, ACROMIOPLASTY OF SUPRASPINATUS TENDON PARTIAL THICKNESS TEAR.; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 77.5; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; OT QUICK DASH; N/A; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick DASH; 47.73; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09-21-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 29.55; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 23; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 74%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/03/2021; Left shoulder arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash; 59; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Goniometer; 67%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Jamar Dynamometer; MMT; 70%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 57; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 61%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/26/2021; R RCR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 75/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/07/2021; Left Shoulder Arthroscopic Acromioplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 59; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; none; none; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; Right shoulder SAD; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; None; None; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal outcome; not available; Non-Surgical; The anticipated number of visits is other than 2; ; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/10/2021; LEFT SHOULDER AC RECONSTRUCTION AND DISTAL CLAVICLE EXCISION; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; INITIAL EVALUATION; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-18-2021; surgical procedure; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; QUICKDASH; 51%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/02/2021; Right carpal tunnel release; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 6.82; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; ROM AND STRENGTH; NO SCORE; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Range Of Motion; Pain Scale; 85%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2021; EXTENSOR TENDON REPAIR RIGHT HAND; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 13.6% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Repair/exploration/excision nerve upper extremity-right radial nerve; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Upper Extremity Quick DASH; 23% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2021; Right Wrist ORIF; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Unknown; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2021; SLAC right wrist; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; DASH; 39%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QuickDASH; 65%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; DASH; 49%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/13/2021; wrist surgery; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; quickdash; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/02/2021; Open reduction internal fixation; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Goniometer; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/12/2021; Right Dequervain's Release; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Upper Extremity Quick Dash; 53%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/27/2021; UNSURE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Optimal instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 14%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/26/2021; Left Cubital Tunnel Release with nerve subcutaneous transposition; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; DASH; 86%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/17/2021; LEFT E CTR, CUTR WITH ANTERIOR TRANSPOSITION.; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 95.4%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; SODO; 47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; QUICK DASH; 31.81%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Quick DASH; 45% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; Second Pass check point; 07/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/05/2021; Palmar Fasciectomy R Mf, and R SF, Rt Cutr with Pantun; Pre-Op; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | | Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/26/2021; TOTAL KNEE ARTHROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; BARTHEL; 65; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/18/2021; There has been treatment or conservative therapy.; pain hip and low back after fall; medication; home exercise program; ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | patient has BMI +40; 10/21/2020; There has been treatment or conservative therapy.; poor posture, low back pain, mid back pain, neck pain, paresthesia of hands, severely obese; NSAIDS, Physical therapy, medication management, home exercises; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Pt was in MVA and has PT and has not shown any improvement with pain, numbness in arms and legs MRI's are warranted in order to further treat the pt and get a clearer answer as to what is wrong so he can be treated and be on his way to wellness. I also r; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | patient has BMI +40; 10/21/2020; There has been treatment or conservative therapy.; poor posture, low back pain, mid back pain, neck pain, paresthesia of hands, severely obese; NSAIDS, Physical therapy, medication management, home exercises; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Pt was in MVA and has PT and has not shown any improvement with pain, numbness in arms and legs MRI's are warranted in order to further treat the pt and get a clearer answer as to what is wrong so he can be treated and be on his way to wellness. I also r; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has been instructed to stretch right shoulder at least 3 times a day. Patient has been instructed to use hot and cold packs for swelling and pain as well as NSAIDs and current pain medication. Patient has scheduled visits every 28 days to come to ; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/18/2021; There has been treatment or conservative therapy.; pain hip and low back after fall; medication; home exercise program; ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | surgery was performed 5 years ago and new injury trauma; This study is being ordered for trauma or injury.; 7/8/2021; There has been treatment or conservative therapy.; Pain; Insets, topical ointment and heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is feeding or dysphagia; EAT-10; 60%; 06/30/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; language ability score; poor; 05/24/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient has not recently suffered either a CVA or TBI; Motor Speech Assessment; Showed facial and tongue weakness, decreased tongue coordination, uncoordinated respiration, hypernasality due to insufficient velum closure, imprecise articulation sounds and slow, slurred speech with decreased intelligibility. Disfluencies were observed; 07/12/2021; The evaluation date is not in the future; The primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; st therapy assessment; 50; 07/21/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 03/23/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/13/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/01/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/22/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 08/02/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 09/01/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 09/15/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 09/22/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 11/25/2020; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 02/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 02/09/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 03/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 04/13/2001; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 85%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; The Lower Extremity Functional Scale; 40%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; dash; 51.364; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/28/2001; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 75; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; DORSOFLEXION; 9% and 18%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 10 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07-08-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/16/2019; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; LEFS; 25; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; Parkinsons is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry Low Back Pain; 52/100; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; TINETTI; 20; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/08/2021; Date of onset is within the last 4 months; Optimal Instrument; 50%; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ER/IR; 25/40; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08-04-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; n/a; n/a; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/06/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/09/2021; LEFT PERONEAL TENDON REPAIR; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/20/2020; Date of onset is more than 4 months ago; LEFS;;BERG; 59%;45.3%; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; There has been an increase in the frequency of falls; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; pain scale; 8/10; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; gait assessment; 25; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; gait; 50; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 08/31/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09-20-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-23-2021; Total knee replacement; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 09/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 11/30/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 12/30/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/17/2021; GUNSHOT WOUND TO ABDOMEN; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2021; amputation; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; optimal instrument; 45%; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal instrument; 45%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Thoracic Spine/Chest request.; Lower Extremity Functional Scale; 59%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; NA; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 44; 43; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Foto; 27; The anticipated number of visits is other than 2.; Foto; 27; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; OSWESTRY; 38/100; The anticipated number of visits is other than 2.; OSWESTRY; 38/100; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; n/a; n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for second pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Non-surgical head, spine, torso best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Oswestry; 53%; The anticipated number of visits is other than 2.; 88%; Neck Disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Oswestry; 74% functional; The anticipated number of visits is other than 2.; 74 Functional; Oswestry - 74% functional; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry: Low Back Disability Index; 78%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 78% functional; Oswestry: Low Back Disability Index;Endurance Postural/Static;Pain / Neuro: Pain Assessment;Strength / ROM: Spine - ROM; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; foto; 39%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 39%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; ODI; 50; The anticipated number of visits is other than 2.; 56; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2021; multiple fractures; Post-Op; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; PT ASSESSMENT; PT ASSESSMENT; 25; 25; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 19; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Cardiopulmonary Rehab was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Cardiopulmonary Rehab; Body Part for second pass is Gait/Balance; Physical Therapy was requested; OK; The members functional deficits are severe; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Index; 22; Non-Surgical; The anticipated number of visits is other than 2.; 21; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; TINETTI; 17; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 17; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; range of motion and manual muscle testing; 50; Enter score here range of motion and manual muscle testing; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; NONE; 60%; Non-Surgical; The anticipated number of visits is other than 2.; 60%; NONE; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NONE; NONE; 75%; 75%; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 18% disability;82% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 18% disability;82% functional; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; ODI; 36; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ODI; 36; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; Oswestry; 24%; 22%; Neck Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 07/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 64%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 30%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2018; C Section; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFI;OSWESTRY BACK; LEFI = 71/80;OSWESTRY BACK = 34;THIS IS A LOWER BACK ISSUE BUT I SAW NOTHING ON THE LIST FOR THAT. I MAY HAVE OVERLOOKED.; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; unknown; Enter score here Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEF; 56%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; walking and moving around; 50%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEF; 45%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08-27-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; NA; NA; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Pelvic Floor Questionnaire; 56; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/20/2021; hiatal hernia repair with extensive lysis of adhesions; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Modified Oswestry; 64% Functional; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; WOMAC; 61/96; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; FOTO; 88; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; n/a; n/a; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEF; 76%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 90%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 70%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; N/A; N/A; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 8%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; none; none; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 29%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEF; 0; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; WOMAC; 53%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 79%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEF; 61%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 64%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; ; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO (21), LEFS (8); Foto 20 Lefs 8; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 12; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 27; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 49; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; foto; 59; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 67; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; KOOS JR; 52%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; KOS; 27; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 7; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lefs; 19; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 26/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 53/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 55%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 60% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 70%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; lefs; 85; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; SCORE NOT DOCUMENTED IN NOTES; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; SCORE NOT ENTERED IN NOTES; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower ext; 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Function Scale; 48%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 87% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 12; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 19/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 30%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 70%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; None at this time; None at this time; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Not assessed; not assessed at this time.; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; optimal instrument; 25%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; optimal; 75; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; s/p TKA right knee performed on 6/4/21. Active Flexion 101 degrees, Active extension -7 degrees. Passive flexion/extension 102/-5. Strength thru the range 2-/5. Pain at end range both flexion/extension 4/10. Pain at rest is 1-2/10. Ambulatory with cane 40; She exhibits 40% deficits with ambulation, ADL, strength and ROM; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale - Patient Outcomes; 42 of 80; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale; 74%; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Owestry; 72%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; none; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 25; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 13/80; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry for Low back; 26%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 72%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 24%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 56; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 22%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Back Index; 48%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; mobility without ad; 21; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2021; ORIF of right lateral malleolus fracture, supine position; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 96%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Questionnaire; 67% functional; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 42%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 44%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Questionnaire; 36% functional; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 48%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 12%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; 50; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; 50/100; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 12%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 18%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEF; 45%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 56%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; n/a; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/22/2021; CLOSED BIMALLEOLAR FRACTURE OF RIGHT ANKLE; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of the above best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; none; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEF; 83%; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 36%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | first pass is not in options listed; 09/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; " Rehabilitative Potential: Marked improvement in functional status is expected.;" Activities of Daily Living: Unable to perform one or more ADL's independently.;" Instrumental Activities of Daily Living: Unable to perform one or more IADL's independent; Assess MAHC-10 Fall Risk - Form Provided by;the Missouri Alliance for HOME CARE;Diagnosis (3 or more co-existing) Includes only documented medical diagnosis;1-Yes;Cognitive impairment Could include patients with dementia, Alzheimer's or stroke patient; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | first pass is not in options listed; 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; SHORT PHYSICAL PERFORMANCE BATTERY; 2 MINUTE WALK TEST; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 16%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; N/A; N/A; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; unknown; 51%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 07/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/13/2021; right shoulder scope W/SAD and DCR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; none; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08-31-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 54.54%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ; 63%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Dash; 60%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; foto; 49; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; FOTO; 52; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; in house; Changing and maintaining body positions 30%;Carrying and moving objects 10%;Self Care 30%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; LEFS; 36; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neck Disability Index Questionnaire; 75% Functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; PATIENT FUNCTION AND PAIN QUESTIONIERE; 3; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick DASH; 3; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick Dash; 13.6%; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QUICK DASH; 30%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QUICK DASH; 52%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick DASH; 55%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick Dash; 80%; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QUICKDASH; 56.81; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QUICKDASH; SCORE NOT DOCUMENTED IN PROGRESS NOTE; Neither Pre-Op, Post Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPAD; 23%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPAD; 40% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 51% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 60% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; STADI; 12; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; UE functional index; 66/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; uefi; 14 score; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; UEFI; 25; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; UEFI; 66%; Neither Pre-Op, Post Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; UEFI; 78; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; unknown; unknown; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper Extremity Functional Scale; 55/80; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper Extremity Quick DASH; 57%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper extrmity funcional test; 45; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 07/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; NECK INDEX; 50%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated.; ; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; QUICK DASH; 30%; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Quick Dash; 38.64%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Perineal exam; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PSFS/FSFI; 45%/91.4%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI-20; 59% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Enter name of tool here 36; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; FOTO; 46/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LEFS; 18; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LEFS; 33; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LOWER EXTREMINTY FUNCTIONAL SCALE; 80%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; n/a; Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; PSFS; 32.5; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; TINETTI; 19; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 23%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 15; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; THE LOWER EXTREMITY FUNCTIONAL SCALE; 40%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 52%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OFWESTRY AND BERG; 84/52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain; 42% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; KOOS; 70%; Neither Pre-Op, Post-Op or Non-Surgical; Oswestry; 50%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; LEFS; 40; The anticipated number of visits is other than 2.; LEFS; 40; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-------------------------------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; ; 50/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 24; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 43%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-------------------------------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 65%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 65%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-------------------------------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Low Back Initial Evaluation; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry Low Back Pain; 42/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry; 88% Functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|-------------------------------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; n/a; n/a; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Optimal; 9; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestery; 14%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 22/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 44%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; owestry lower back; 54; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ;</p> <p>PROGRESS NOTE: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LOWER EXTREMITY FUNCTIONING SCALE; 20/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 26/48; Neck pain questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30; FOTO Neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 09/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; Questions about your Pelvis/Hip request.; oswestry; 22.2%; The anticipated number of visits is other than 2.; Three or more visits anticipated; oswestry; 22.2%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Tinetti POMA;1/28 3.6 %;TUG ;unable due to restrictions;30 second chair stand test;0 times;6 MWT;NT unable due to functional limitations; 3.6 %; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Dash; 66; Neither Pre-Op, Post-Op or Non-Surgical; 20; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; FOTO; 37; Neither Pre-Op, Post-Op or Non-Surgical; 37; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Optimal Instrument; 75%; Neither Pre-Op, Post-Op or Non-Surgical; 75%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Upper Extremity Quick Dash; 27; Neither Pre-Op, Post-Op or Non-Surgical; 27; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; OK; The members functional deficits are mild; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; OK; The members functional deficits are severe; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI Balance; 19; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 22/50; neck pain index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|----------------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 25; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 29%; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 2 | 2021 Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 40% functional; AROM right side bend limited 15% secondary to muscle spasms to include levator scapula, sternocleidomastoid and cervical paraspinals. AROM left side bend left rotation limited by 20% secondary to paraspinal spasms. Pain rating now is 4/10 with activity and; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 46; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 46; NECK INDEX, The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 60%; Neck Disability Index test; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request.; SCORE NOT ENTERED IN PROGRESS NOTE; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Moderate objective and functional deficits best describes the patient presentation; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Knee injury Osteoarthritis Outcomes Score; 72 OF 100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quickdash survey; 68% functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested</p> | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; Right Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 95%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; IPOP; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 36.25; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; none; 75%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Oswestry Low Back Pain; 14-100; One Body Part selected; No Second Pass; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-24-2021; Carpal Tunnel; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Upper Extremity Quick DASH; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic but does manage speech therapy for the member's plan | 3 | 2021 | Jul-Sep 2021 |
| | | | | | | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 07/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2021; Total left hip arthroscopy; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here Hoos; 39.9; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a | | | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 28; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/27/2021; Left Patellar and Quadriceps Tendon Repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Mississippi County Health Systems Self-Rated Disability Questionnaire; 8% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2021; LR RT TKA Mako; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEF; 10%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 68%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | <p>This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 31%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal instrument; 25%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 69; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/29/2021; R Achilles repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 26; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; 69; 69; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 49; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 57%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; SCORE NOT DOCUMENTED IN NOTES; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 01/28/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 03/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 03/25/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 04/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 05/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 06/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PDMS-2 and PEDI and Toddler Sensory Profile; Unknown; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; No program or equipment update needed, no recent botox/phenol injection, no change in functional status; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 07/29/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/05/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/10/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/26/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 08/30/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/13/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT-2; ; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; Enter the percentile here Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/02/2021; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 09/27/2001; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 10/29/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | 11/19/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; optimal; 50; optimal; 50; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Scale; 20% of Functional Ability; Non-Surgical; The anticipated number of visits is other than 2.; 54% Disability; Neck Pain Disability Index Questionnaire; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Occupational Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 08/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 31.8%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Range of motion; Penn Shoulder Score; D.A.S.H; 81 % functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; DASH - Disability of Arm Shoulder and Hand; PENN Shoulder Score; 44% functional; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; n/a; n/a; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 43%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; optimal; 50; The anticipated number of visits is other than 2.; optimal; 50; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 46%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|-------------------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 29.5; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 50; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Physical Medicine | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Requestor is a fax; Occupational Therapy; Magellan does not manage chiropractic but does manage speech therapy for the member's plan | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct" | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | r/o vascular causes prior to FESS surgery; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Disapproval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Pt is scheduled for a FESS sinus surgery and has other symptoms of ;Chronic ethmoidal sinusitis 473.2/I32.2;;Chronic sphenoidal sinusitis 473.3/I32.3;;Headache 784.0/R51.9;;Migraine 346.90/G43.909;;Orgasmic headache 339.82/G44; This study is being ordered for a neurological disorder.; Pt states she has a history of migraines for about 13 years.; There has been treatment or conservative therapy.; Severe headaches and migraines;She had throbbing headaches in her head and nose at times. Her headaches are all over her head.;She feels like her Head is going to pop.;She reports even having orgasmic migraines.;History of taking 10d of she bel; Pt has been on several rounds of antibiotics.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Pt is scheduled for a FESS sinus surgery and has other symptoms of ;Chronic ethmoidal sinusitis 473.2/I32.2;;Chronic sphenoidal sinusitis 473.3/I32.3;;Headache 784.0/R51.9;;Migraine 346.90/G43.909;;Orgasmic headache 339.82/G44; This study is being ordered for a neurological disorder.; Pt states she has a history of migraines for about 13 years.; There has been treatment or conservative therapy.; Severe headaches and migraines;She had throbbing headaches in her head and nose at times. Her headaches are all over her head.;She feels like her Head is going to pop.;She reports even having orgasmic migraines.;History of taking 10d of she bel; Pt has been on several rounds of antibiotics.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Pt coughed up 2 handfuls of blood; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Plastic Surgery | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73700 Computed tomography, lower extremity; without contrast material | | This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73700 Computed tomography, lower extremity; without contrast material | | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73700 Computed tomography, lower extremity; without contrast material | | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | no meds. xrays done; This study is being ordered for trauma or injury.; 2002; There has been treatment or conservative therapy.; sharp pain, stiffness; PT, braces; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for infection. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a post op. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Podiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Preventive Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | unknown; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Preventive Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | unknown; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Psychiatry | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Psychiatry | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Psychiatry | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Psychiatry | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Psychiatry | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | | This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | 1 YEAR SURVEILLANCE FOR HIS LEFT UPPER LOBE CAVITARY DISEASE.CHRONIC PULMONARY HISTOPLASMOSIS RECENTLY FINISHED 6MOS OF ITRACONAZOLE THERAPY.;DIABETIC MELLITUS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 18 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | abnormal findings of the lung field, 9 mm nodule seen in previous CT in the right lower lobe; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 60 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | biopsy is negative for malignancy. Since anterior mediastinal mass is significantly large in size, I've ordered CT guided biopsy before definitely concluding that it is negative for malignancy.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Comment/Status: Noted on CT abdomen;Plan : Has prior smoking history. Needs long-term follow-up as outpatient with CT chest. Follow-up in pulmonary clinic 2 weeks after discharge with CT chest without contrast and PFTs.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Covid and pneumonia end of June. Now DOE w/sats dropping to 87%. burning in left lung w/chest pain. Cough, sob w/activity.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | CXR SHOWS A NORMAL SIZED CARDIAC SILHOUETTE APPEARS TO HAVE SOME SHADOW OF THE PARENCHYMAL INFILTRATE IN WHAT APPEARS TO BE THE LINGULA ON THE LEFT OVER PENETRATION IS NOTED AT THE APICES , THERFORE I CANNOT EXCLUDE THE POSSIBILITY OF BIAPICAL EMPHYSEMA.; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | during a work up of acute pancreatitis, a ct of the abdomen/pelvis showed several pulmonary, miliary nodules in the pt's lungs. pt has chronic cough beginning in 2014; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | <p>Enter answer here - or Type In Unknown If No InfoShe had a CT done in June 2021 which showed a nodular lesion in the lingula and diffuse tree-in-bud infiltrates particularly in the right upper lobe and also in the posterior basilar right lower lobe and le; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | <p>FOLLOW UP CT CHEST ;TREATMENT RESPONSE,WITH IMPROVEMENT IN SIZE AND APPEARANCE OF A CYSTIC LESION WITHIN THE LEFT LOWER LOBE FELT TO REPRESENT AND IMPROVING EMPYEMA,NOW PURELY CYSTIC IN APPEARANCE,AS WELL AS ADJACENT IMPROVING ATELECTASIS.;MILD IMPROVE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.". They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | <p>follow up CT Chest for possible atypical pneumonia;;AT THE REQUEST OF:MARK MOSELEY, MD;PATIENT NAME:MATTHEW TRONZANO;DOB:01/26/1949;AGE/SEX:71/Male;DATE OF SERVICE:12/16/2020;PATIENT ID#:1476336;;PROCEDURE(S): CT CHEST WO;;CT CHEST WITHOUT CO; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | follow up lung nodules from previous CT scan; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | follow up with new or worsening symptoms of sarcoid.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | ground glass opacity assess interval changes; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | HISTORY OF TIA;REASON FOR STUDY:MEDIASTINAL ADENOPATHY,COPD;COMPLETED:CXR, CT ANGIO CHEST;FOLLOW UP CT TO BE DONE 9/20/21;CTA CHEST 05/26/2021; Findings: There is no evidence of pulmonary artery embolism. The heart, pericardium, and great vessels ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | I will order CT chest without contrast due to patient's worsening symptoms. I am concerned for pneumonitis as this patient is at high risk for that. She has had GGO in the past which required further treatment. Patient reports worsening dyspnea with minim; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | IMPRESSION: 1. Interval development of multiple new noncalcified pulmonary nodular densities, the largest of which include a 1.3 cm pulmonary nodule in the apical segment of the right upper lobe, a 1.4 cm pulmonary nodule in the anterior aspect of the api; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | LAST CT SCAN DONE ON 6/5/2020 SHOWED SMALL PULMONARY NODULES, EMPHYSEMATOUS CHANGES PRESENT WITH MILD BRONCHECTASIS WITH PATCHY INTERSTITIAL DISEASE PRESENT AND RADIOLOGIST RECOMMENDED A F/U CT TO BE DONE IN 3-6 MONTHS.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Mild COPD-prior FEV1 8/2020 with predicted 89% function. Primarily shortness of breath and not much of a cough or bronchitic component. We will continue with Symbicort twice daily as he is well controlled. Repeat PFT in August of this year. Discussed; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Ms. Toney is a 59 year old female with history of morbid obesity, hyperlipidemia, DM and HTN. She presents today with C/O SOB on exertion, cough that is productive with white/thick phlegm and occasional night sweats. Denies hemoptysis, wheezing and weight; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; It is not known if there has been any treatment or conservative therapy.; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient complains of shortness of breath with exertion. Her PFT showed severe diffusion abnormality and moderate restriction. She has a productive cough with clear phlegm and continues to smoke 1/2 pack per day. The Pulmonologist wants to Rule out ILD and; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient had Covid-19 in January Pulmonary nodule has increased.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient had such a severe case of Covid pneumonia that she was hospitalized from 3/18-4/1 and also had seizures. this exam is being requested as a follow up; It is not known if the patient is presenting new signs or symptoms.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient has a 1CM lung nodule in the right upper lobe. Radiologist recommended short term follow up. Last CT was done over a year ago. Last CT also showed groundglass nodular density in the left upper lobe and discoid atelectasis or fibrosis in the inferi; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient has a lung mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient has a lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient has a lung nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient has interstitial lung disease. He had an abnormal chest xray; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient has multiple lung nodules this is a followup CT. ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | patient has multiple lung nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient has progressively worsened over the past month. She is increased dyspneic with a persistent wheezy cough. OPOX was unremarkable. CXR 8/2021 was normal. She uses her albuterol nebulized 10x/day. She continues her Trelegy 200 and 20mg prednisone dai; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient with asthma was admitted to ER due to having an asthma attack, grabbed her albuterol rescue inhaler out of her purse, inhaled back of her earring, aspirated it - showed on x-ray.; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Patient's CT scan of neck on 06/25/2021 showed shotty bilateral cervical lymph nodes and biapical opacities concerning for pneumonia Vs malignancy. She had a CT scan of the neck on 6/24/21 that included the apex of the lungs, which shows biapical opacities; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | PRE-OPERATIVE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | progressive shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | pt has hemoptysis and a lung nodule. This is a followup CT chest; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | pt has multiple lung nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Pulmonary Initial Visit Ms. Kinchen is a 56 year old with a PMHx of HTN, possible COVID pneumonia in March'20, presents for evaluation and management of Sob and trouble breathing.; She had URI in March'20 that i suspect was COVID pneumonia. Her dy; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | r/o lung disease; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Radiologist recommended due to Lyphadenopathy finding on XRAY; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Sarcoidosis with recurrent chronic cough and shortness of breath Significant swelling of her legs cough comes in paroxysms and sometimes she can get dizzy with it Small nodules in both lungs with a pleural plaque posteriorly in the;right upper lobe, a; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Shortness of breath; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Suspicious of interstitial lung disease Shortness of breath and chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | The patient had a CTA CAP last year that showed a 6mm nodule in her LUL. She continues to smoke 2 packs per day and has a 70 to 80 pack year history. The Pulmonologist wants to followup on the Nodule and make sure it hasn't gotten any bigger and check for; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | The patient is presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | this is a 3 month followup from pts last CT .; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | this is a follow up appt for a lung nodule found in a chest CT in June of 2020.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | unknown; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | UNSPECIFIED SEASONALITY, UNSPECIFIED TRIGGER; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71250 Computed tomography, thorax; without contrast material | We will obtain a high-res CT to evaluate for Covid related interstitial lung disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Annual lung cancer screen due after 08/26/2021, patient nicotine dependent; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | calcification seen in prior studies lungs are hyper infated in prior scans; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | LUNG CANCER SCREENING; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Patient current smoker; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 34 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 21 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | no; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | post- covid syndrome; The patient is over 17 years old.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; It is not known whether the abnormality is of a cardiac or non-cardiac nature.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 8 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for an infection of the heart. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know; This study is being ordered for evaluation of possible or known pulmonary embolism. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know; This study is being ordered for symptoms of a heart problem | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 8 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/2021; There has not been any treatment or conservative therapy.; discomfort and burning sensation in throat and neck, shortness of breath, difficulty breathing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 3 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 36 Y/O WM S/P MVA - needing bipap post MVA - PCO2=90"S d/C HOME ON 3 L O2 AND TRILOGY - LAST CO2= 70 'S CT CHEST CLEARPA enlarged unclear why he has hypoxia and need for NIPPV w/u as below If No Info Given.; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 46 year old female Non smoker comes for a Pulm Nodule,asymptomatic incidental finding on ct abd;;CT Scan Of Thorax: EXAM DATE: 3/16/2021;A few groundglass opacities are demonstrated in the right middle lobe and the left lower lobe, these have not signi; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ABNORMAL FINDING IN LUNG FIELD;MULTIPLE NODULES OF LUNG; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | AT THE REQUEST OF:JON A SEXTON, MD;PATIENT NAME:NORMAN D HILL;DOB:03/13/1965;AGE/SEX:56/Male;DATE OF SERVICE:06/10/2021;PATIENT ID#:1187277;;PROCEDURE(S): CT CHEST HR WO;;CHEST CT WITHOUT CONTRAST: Technique: Contiguous axial CT images were obt; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Chronic COPD ,shortness of breath with shopping & daily chores. patient medications Symbicort, Ventolin nebulizer and singulair - also uses oxygen at night; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/2021; There has not been any treatment or conservative therapy.; discomfort and burning sensation in throat and neck, shortness of breath, difficulty breathing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | follow up imaging of lung nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | patient had pneumonia and had an abnormal CT chest; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | PATIENT HAS CHILDHOOD ASTHMA, AND RECENT COVID19 HISTORY SHE HAS A COUGH NOT RESOLVED WITH TREATMENT OF MEDS AND INHALERS AND IS A NON SMOKER; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | PT has chest pain cough shortness of breath. sputum production, wheezing.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | RECENTLY DAIGNOSED WITH SCLERODERMA. SCREENING FOR LUNGS. SOB. AND CHEST CONGESTION; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Stable pleural based multi-cystic lesion along the anterior segment;of the right upper lobe, which is not significantly changed in size or;appearance when compared to the prior study. Recommend continued close Follow-up.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Inhaler and meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; It is unknown if the patient had chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is presenting new signs or symptoms. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 76497 Unlisted computed tomography procedure (eg, diagnostic, interventional) | Radiology Services Denied Not Medically Necessary | ; Requestor has decided to proceed with the unlisted code. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Other than listed above best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | Radiology Services Denied Not Medically Necessary | none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; It is not known if there has been any treatment or conservative therapy.; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Inhaler and meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Pulmonary Medicine | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70450 Computed tomography, head or brain; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70544 Magnetic resonance angiography, head; without contrast material(s) | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Need MRI before starting radiation therapy .; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Surveillance after radiation treatment; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. | 22 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | Follow up on 4-5 mm nodule seen on previous Chest CT dated 9/3/20. Patient is a current smoker.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI; This study is being ordered for Known Tumor with or without metastasis | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Malignant neoplasm of endocervix; SURGERY SCHEDULED FOR /8/21, THIS MRI WILL BE DONE AFTER SURGERY ON 7/13/21; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Neoplasm: cervix Radiation Oncology brachytherapy; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Patient needs imaging to asses the size of the tumor for treatment.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | PATIENT HASN'T HAD SURVEILLANCE SCANS SINCE NOVEMBER 2020. HARD PALATE AND THYROID CANCER.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | PATIENT HASN'T HAD SURVEILLANCE SCANS SINCE NOVEMBER 2020. HARD PALATE AND THYROID CANCER.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Initial evaluation of 6 mm nodule found on CT Abdomen Pelvis with contrast. Patient is a current smoker. No CT Chest has been performed.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | PATIENT HASN'T HAD SURVEILLANCE SCANS SINCE NOVEMBER 2020. HARD PALATE AND THYROID CANCER.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|--------------------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiation Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 71250 Computed tomography, thorax; without contrast material | | They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | | Pt has hx of T11 compression fracture. During surgical procedure discovered pt now has a T12 compression fracture. Also pt has sever radiculopathy in left lower extremity. ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Pt has hx of T11 compression fracture. During surgical procedure discovered pt now has a T12 compression fracture. Also pt has sever radiculopathy in left lower extremity. ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Radiology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 72131 Computed tomography, lumbar spine; without contrast material | | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-----------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 07/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; n/a; Non-Surgical; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|----------------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rehabilitations | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Reproductive Endocrinology | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Yes, this is a request for CT Angiography of the brain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 71250 Computed tomography, thorax; without contrast material | | ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 71250 Computed tomography, thorax; without contrast material | | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 71250 Computed tomography, thorax; without contrast material | shortness of breath, possibly lung disease; It is not known if there is radiologic evidence of asbestosis; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Mild sclerosis inferior third of SI joints; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | to assess the SI joints for BM edema, erosions, effusion, bony changes, sclerosis; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Unknown; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | numbness and tingling, swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 07/01/2021; There has been treatment or conservative therapy.; pain; oral analgesics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | synovitis and tenosynovitis; This study is being ordered for Inflammatory/ Infectious Disease.; synovitis and tenosynovitis; There has been treatment or conservative therapy.; synovitis and tenosynovitis; synovitis and tenosynovitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection. | 8 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Elbow pain, chronic, rheumatoid arthritis suspected; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; stiffness and swelling in joints and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD 10-CM) - Other infective (teno)synovitis, right hand; This study is being ordered for Inflammatory/ Infectious Disease.; M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; There has been treatment or conservative therapy.; M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|--------------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | numbness and tingling, swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 07/01/2021; There has been treatment or conservative therapy.; pain; oral analgesics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 74150 Computed tomography, abdomen; without contrast material | | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | 2. Having pain in R knee, R Hip and R ankle. Back is still hurting.;3. Using Tylenol PRN;4. NO falls or fevers since last visit.; This study is being ordered for Inflammatory/ Infectious Disease.; 07/01/2021; There has been treatment or conservative therapy.; R Lumbar Pain and knee pain upon examination; 6 weeks of consecutive physical therapy with no improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | JOINT PAIN AND LBP, CHRONIC OVER THE LAST SEVEN YEARS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | JOINT PAIN AND LBP, CHRONIC OVER THE LAST SEVEN YEARS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Will upload clinicals.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; stiffness and swelling in joints and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|--------------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; This study is being ordered for Inflammatory/ Infectious Disease.; M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; There has been treatment or conservative therapy.; M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; M05.79 (ICD-10-CM) - Rheu arthritis w rheu factor mult site w/o org/sys involv (HCC) ;M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right hand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | infective (teno)synovitis, right wrist; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | synovitis and tenosynovitis; This study is being ordered for Inflammatory/ Infectious Disease.; synovitis and tenosynovitis; There has been treatment or conservative therapy.; synovitis and tenosynovitis; synovitis and tenosynovitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | 2. Having pain in R knee, R Hip and R ankle. Back is still hurting.;3. Using Tylenol PRN;4. NO falls or fevers since last visit.; This study is being ordered for Inflammatory/ Infectious Disease.; 07/01/2021; There has been treatment or conservative therapy.; R Lumbar Pain and knee pain upon examination; 6 weeks of consecutive physical therapy with no improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 08/01/2021; There has been treatment or conservative therapy.; pain, neuropathy;; NSAIDs, home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Rheumatology | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-----------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Sports Medicine | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | 8/2020; There has not been any treatment or conservative therapy.; Breast cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Enlarged lymph nodes; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Newly diagnosed carcinoma of the right breast - Invasive Ductal Carcinoma, ER/PR +, Her2 negative, KI-67 15% (borderline); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | The patient returns for a routine follow-up after a previous visit on 01/17/2020 and at the request of Dr. Jacobs, for an umbilical hernia. ;She reports pain which has been present for 2 years . Patient also report fullness after eating small amounts The; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | workup for lymphadenopathy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | 1. The patient's had an aortobiliac femoral bypass graft.;2. The left iliac limb of the graft is occluded. This was also present on the study of March 2019.;3. Patient's had a left femoral-popliteal bypass. This is occluded. The popliteal artery on t; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | CT for Cervical spine was performed 7/16/2021 due to patient tripped and fell. On the sagittal images there is a fracture line through the odontoid that appears to be old but no previous studies for comparison and needs to be considered acute. Dr. Bradley; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This imaging is needed to properly assess and treat properly; unknown; It is not known if there has been any treatment or conservative therapy.; neck pain that radiates down both arms and hands, has tingling and numbness in hands, pain is stabbing and throbbing and pain is continuous and frequently keeps her awake at night, nothing helps to relieve the pain; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; The patient has None of the above | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This imaging is needed to properly assess and treat properly; unknown; It is not known if there has been any treatment or conservative therapy.; neck pain that radiates down both arms and hands, has tingling and numbness in hands, pain is stabbing and throbbing and pain is continuous and frequently keeps her awake at night, nothing helps to relieve the pain; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | This imaging is needed to properly assess and treat properly; unknown; It is not known if there has been any treatment or conservative therapy.; neck pain that radiates down both arms and hands, has tingling and numbness in hands, pain is stabbing and throbbing and pain is continuous and frequently keeps her awake at night, nothing helps to relieve the pain; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | ; This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | PILONIDAL CYST, R/O SEROMA; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | RLQ/groin pain, worse with exertion, tenderness on exam, concerning for femoral or inguinal hernia, recommend CT scan for further evaluation and preoperative planning if warranted. U/S would not be adequate for evaluation of a femoral or inguinal hernia ; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | scrotal swelling ultrasound hernia scrotal enlargement large lt side hydroceleplanning to do sx; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Enter answer here - or Type In Unknown Malignant neoplasm of rectum, Encounter for adjustment and management of vascular access device: Colorectal cancer, staging: Rectal mass If No Info Given.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the upper extremity. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | The patient returns for a routine follow-up after a previous visit on 01/17/2020 and at the request of Dr. Jacobs, for an umbilical hernia. ;She reports pain which has been present for 2 years . Patient also report fullness after eating small amounts The; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 8/2020; There has not been any treatment or conservative therapy.; Breast cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Newly diagnosed carcinoma of the right breast - Invasive Ductal Carcinoma, ER/PR +, Her2 negative, KI-67 15% (borderline); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Evaluate hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); presenting with subcutaneous nodularity of the abdominal wall. She has been observing these subcutaneous nodules over the last year and feel that they are slowly enlarging. They are occasionally tender with palpation but otherwise fairly asymptomatic.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PROCEDURE: Ultrasound of Umbilicus DATE: 7/6/2021HISTORY: Visible lump within umbilicus. FINDINGS: Heterogeneous echogenicity with peripheral ring like shaped hypoechoic region with increased echogenicity centrally within this area and blood flow around t; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 12 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | workup for lymphadenopathy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | new diag breast cancer , staging for procedure; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Newly diagnosed carcinoma of the right breast - Invasive Ductal Carcinoma, ER/PR +, Her2 negative, KI-67 15% (borderline); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | | This is a request for Breast MRI; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | unknown will fax; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Radiology Services Denied Not Medically Necessary | This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Fluctuant area noted to the medial posterior right C-spine. Area is freely mobile and nontender to touch. Ultrasound soft tissue neck shows a 3.1 x 5.1 x 1 cm well circumscribed hypochoic focus in the subcutaneous soft tissues that does not present with th; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 7/30/21; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 7/30/21; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Weakness in right leg; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Patient c/o back pain since she was a child.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Patient c/o back pain since she was a child.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.;" This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | This is a request for CT Angiography of the Abdomen and Pelvis. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ventral hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the abdominal arteries. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 76380 Computed tomography, limited or localized follow-up study | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for post-operative evaluation.; 08/29/2021; This is a request for a limited Sinus CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgery | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | | The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | ; This study is being ordered for a work-up of a suspicious mass.; Unknown if there is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Fissure or fistula rectal ;anal fistula; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|-------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|---|---|--------------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 2021 | Jul-Sep 2021 | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation. | 1 2021 | Jul-Sep 2021 | |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | Melanoma Cancer - Scalp; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|-------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | pt has a brain tumor There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | pt has a brain tumor There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | pt has a brain tumor There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | pt has a brain tumor There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | Melanoma Cancer - Scalp; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Surgical Oncology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Yes, this is a request for CT Angiography of the Neck. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. Surgery is NOT scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Patient has thoracic aortic aneurysm and has repeat studies for Dr. Meadors to follow to prevent rupture; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the upper extremity. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|-------------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Disapproval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| | | | | | Radiology Services Denied Not Medically Necessary | | |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Thoracic Surgery | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70450 Computed tomography, head or brain; without contrast material | This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | "This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct" | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70486 Computed tomography, maxillofacial area; without contrast material | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | The patient has vocal cord paresis of unknown etiology per fiberoptic endoscopy. CTs are needed to assess for mass/lesion along the course of the laryngeal nerve. She has persistent cough and hoarseness unrelieved by meds, steroids or inhalers.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70490 Computed tomography, soft tissue neck; without contrast material | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | carotid stenosis; stroke; This study is being ordered for Vascular Disease.; carotid stenosis; There has been treatment or conservative therapy.; carotid stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | carotid stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; carotid stenosis; There has been treatment or conservative therapy.; carotid stenosis; testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the brain. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | carotid stenosis; stroke; This study is being ordered for Vascular Disease.; carotid stenosis; There has been treatment or conservative therapy.; carotid stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | carotid stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; carotid stenosis; There has been treatment or conservative therapy.; carotid stenosis; testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the Neck. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; having symptoms for 4 months 4/2021; There has not been any treatment or conservative therapy.; visual field defect; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Unknown; This study is being ordered for Vascular Disease.; 9/9/21; There has not been any treatment or conservative therapy.; Increased frequency of headaches, swelling of optic nerves; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; having symptoms for 4 months 4/2021; There has not been any treatment or conservative therapy.; visual field defect; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | ASSESS RESPONSE TO TX.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | NEWLY DX BREAST CA. FOR STAGING.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | PATIENT HAS LESION IN THE BRAIN THAT WERE NOTED 10 YEARS AGO.; This study is being ordered for a neurological disorder.; 04/01/2021; There has not been any treatment or conservative therapy.; CONFUSTION, UNABLE TO THINK AND TALK RIGHT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | PATIENT HAS REPORTED PAIN AND ONGOING NUMBNESS TO LOWER EXTREMITIES DESPITE HAVING BACK SURGERY.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 23 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have NOT been ruled out. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Unknown; This study is being ordered for Vascular Disease.; 9/9/21; There has not been any treatment or conservative therapy.; Increased frequency of headaches, swelling of optic nerves; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | ; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | ; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 1/25/21; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 1/25/2021; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 02/01/2019; There has been treatment or conservative therapy.; ; surgery;chemotherapy;radiation therapy;endocrine therapy - ongoing; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 3 MONTH FOLLOW UP AS 1.2 CM LEFT HILAR LYMPH NODE WAS FOUND ON CT ON 05.10.2021. MALIGNANT PROCESS WOULD BE DIFFICULT TO EXCLUDE AS THIS TEST IS NEEDED.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 3/11/2020; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 04/03/2018; There has been treatment or conservative therapy.; SWOLLEN LYMPH NODES, FATIGUE; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 04/13/2015; There has not been any treatment or conservative therapy.; Completed treatment;-Core biopsy on 04/13/2015, followed by right mastectomy and lymph node dissection on 05/05/2015. Pathology showed invasive ductal carcinoma, grade-1, measuring 1 cm, ER positive, 91%, PR positive, 72%, HER-2/neu negative by DISH wit; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 4/14/21; There has been treatment or conservative therapy.; ; Imatinib (Gleevec) 400mg PO once,daily v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 05/20/2021; There has been treatment or conservative therapy.; Shortness of Breath; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 05/21/2021; There has not been any treatment or conservative therapy.; TUMOR FOUND IN APPENDIX, VOMITING, GASTROESOPHAGEAL RELUX DISEASE, IBS, ANXIETY AND DEPRESSION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 05/2019; There has been treatment or conservative therapy.; WEIGHTLOSS, ANXIETY/ DEPRESSION, HOT FLASHES, BREAST CANCER; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 06/09/2021 ;Papillary Urothelial Carcinoma, High Grade; There has not been any treatment or conservative therapy.; Gross Hematuria, Urinary Retention, Clot Retention,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 07/17/2013; There has been treatment or conservative therapy.; BREAST CANCER; CHEMO. RESECTION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 07/19/2019; There has been treatment or conservative therapy.; RESTAGING; NCCN_OVA6: Bevacizumab 15mg/kg IV D1 Q21D v2.0;Liposomal Doxorubicin (Doxil) 40 mg/m2 IV D1 + Bevacizumab 10mg/kg IV D1,15 Q28D v2.0;Lynparza (olaparib) 300mg PO BID v2.0;Niraparib (Zejula) 200mg PO daily v2.0;NCCN_OVA4: Carboplatin AUC5 - Paclitaxel ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 08/03/2017; There has been treatment or conservative therapy.; BREAST WITH BRAIN METS S/P CRANIOTOMY WITH INCREASING; FERAHEME 7/14/21-7/21/21;TRASTUZUMAB 7/7/21-11/23/22;CAPECITABINE 3/1/21-8/16/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 09/17/2018; There has been treatment or conservative therapy.; CANCER, HEADACHES; Completed treatment.;Core biopsy 9/7/18; IDC, ER +91%, PR +96%, HER-2/neu 3+ with a Ki-67 of 92%;Lymph node sampling 09/21/2018 and 5 of 5 lymph nodes were negative.;Partial mastectomy 10/8/18: Path showed invasive ductal carcinoma, grade 2, measuring; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 9/17/2020; There has been treatment or conservative therapy.; ; Opdivo 240mg q14d;x24 JL+ MK v4.0 ;Taxol 175mg/m2.;Carbo(AUC 5) q21d x6;JL+ MK+ v2.0;KCl 20meq IV x1 v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 9/27/19; There has been treatment or conservative therapy.; Stage IIIC high grade serous ovarian cancer, now with recurrence; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 09/2010; There has been treatment or conservative therapy.; increasing fatigue, body aches, and breast cancer in both breast; radiation, chemotherapy, mastectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 11-27-20 seen in ED and had CT showing an esophageal mass, a right breast nodule and a paratracheal lymph node that was enlarged. EGD done 11-28 with dilation and bx performed that was significant for extensive high grade dysplasia. Referred for EUS, a se; There has been treatment or conservative therapy.; After 12 cycles of FOLFOX plus Herceptin, patient having abdominal pain off and on for past few days. Denied diarrhea or constipation. Denied pain on the appointment on 7-7-2021.; started on Folfox and RT to seophagus 2-1-2021; chemo delayed due to weather; cycle 2 FOLFOX on 2-22-2021 and started on Derceptin; 3-2 complete RT; 3-8 cycle 3 FOLFOX + Herceptin; 3-22 cycle 4 plus Herceptin; 4-2 CT chest, a/p showed tx response with domi; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 11/13/2019; There has been treatment or conservative therapy.; positive for mouth sores dizziness numbness; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 12/1/2015 and 10/20/2017; There has been treatment or conservative therapy.; ; Opdivo 240mg q14d x24 JL+ MK;v4.0;3/2/2018 1/25/2019 24/24 172.4/C43.4 Initial Discontinued treatment;is;complete; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 12/5/2018; There has been treatment or conservative therapy.; RE-STAGING AFTER TREATMENT; IFOFAMIDE/CARBOPLATIN START DATE: 12/22/20, COMPLETION DATE: 2/25/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | 12/2020; There has been treatment or conservative therapy.; Mr. Nichols is a 59 y/o male with hx of DM2, hypothyroidism, and metastatic RCC (left kidney, mets to right adrenal gland) who presents to our clinic today for initial evaluation. Was diagnosed by CT scan at OSH in December 2020 after presenting for compl; Currently getting pembro + axitinib from outside oncologist; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; This Interstitial Lung Disease is suspected; The chest x-ray was abnormal | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on chest xray. Current chest Pain. Current smoker. Pulmonary fibrosis.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Also has had pain in chest, rotates around in back, worse with cough. Been going on for months. Not with exertion, seems to be respiratory. COughing up brown sputum and has smoked for many years; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | ASSESS RESPONSE TO TX.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Chest pain.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | CML diagnosed on 5/27/20; There has been treatment or conservative therapy.; Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission;Back pain/arthralgias ;Anxiety;Weight loss;Rash between breasts; Bosulif since 3/22/21. Has required multiple treatment holds due to side-effects. Restarted on 6/23/21 at 400 mg qod, switched to 300 mg daily since 7/9/21.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | colon ca - 3 month follow up; There has been treatment or conservative therapy.; CT chest, abdomen and pelvis now on April 15, 2021 with no evidence of disease with the precarinal lymph node has substantially;decreased in size and its normal now and the previously seen abdominal pelvic lymph nodes are no longer identified with no new; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | follow up after abnormal chest xray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | follow up ct abd and pelvis oct 31 2018 found abnormal results; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Follow up for treatment large b-cell lymphoma of intrathoracic lymph nodes; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | HISTORY OF PRESENT ILLNESS;;03/04/2021 The HPI information was reviewed and revised as needed. The patient is here for followup exam and scan results. She has a hx of stage III bladder cancer, dx in 2017, s/p tx with cystectomy and radiation. She is amb; There has been treatment or conservative therapy.; HISTORY OF PRESENT ILLNESS;;03/04/2021 The HPI information was reviewed and revised as needed. The patient is here for followup exam and scan results. She has a hx of stage III bladder cancer, dx in 2017, s/p tx with cystectomy and radiation. She is amb; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | LUNG MASS; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Mass Upper Left Lobe of Left Lung; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Neoplasm: endometrial ;Re-staging for metastatic endometrial cancer; There has been treatment or conservative therapy.; Metastatic endometrial cancer; We reviewed with the patient and family the diagnosis including pertinent imaging and pathologic results. We discussed various treatment options including XRT. The rationale for radiation therapy was described in detail including the goals of palliative; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Patient had a chest x-ray in Jan 2021. Diagnosis showed bilateral nodules in chest. She was then scheduled for a BA swallow on 7/6/2021 which showed a nodule in right upper lobe measuring approximately 1 cm. They recommended a CT of the chest for furthe; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Post Operative complications; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Pt's xray report shows nodular areas. CT recommended for further evaluation by radiologist.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | RESTAGING OF LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | testicular cancer - 6/30/2021; There has been treatment or conservative therapy.; ; Received chemotherapy treatment with 4 cycles of cisplatin and etoposide which he completed on October 16, 2020; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | The patient has vocal cord paresis of unknown etiology per fiberoptic endoscopy. CTs are needed to assess for mass/lesion along the course of the laryngeal nerve. She has persistent cough and hoarseness unrelieved by meds, steroids or inhalers.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71250 Computed tomography, thorax; without contrast material | XRAY DONE IN MAY BUT NO CT WORK UP HAS BEEN DONE YET; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | ; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Current every day smoker. COPD. SOB. Current on oxygen via nasal canula.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | Sheree L Burgin is a pleasant 62 y.o. female patient with COPD and current tobacco use history here for evaluation. Plan for further evaluation as outlined in fellow's note. Encourage patient to quit smoking.; I spent over Thirty-one minutes in review; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking. | 24 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | aortic stenosis; This study is being ordered for Vascular Disease.; aortic stenosis; There has not been any treatment or conservative therapy.; aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Followup: Aortic root dilatation. Aortic valve replaced approximate 25 years ago in 1993 or 94. She had a mechanical valve placed. Now her ascending aorta is beginning to dilate 4-1/2 cm in its largest dimension. shortness of breath, chest pain, fatigue; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | TAVR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. | 13 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Thoracic Aortic Aneurysm-status post surgical repair. He has had some chest discomfort which sounds musculoskeletal. I have instructed him that should he have any discomfort that is more sustained or severe that he should seek medical attention. CTA Ia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; routine followup of ascending aortic aneurysm, s/p repair 6/2017; There has been treatment or conservative therapy.; this is a routine followup; repair 6/2017, this is a routine followup to check the repair site; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Based on significant muscular atrophy as well as her EMG/NCS, I have a clinical concern for right musculocutaneous neuropathy or brachial plexopathy. ;; EMG/NCS 7/6/21 at OA revealed electrodiagnostic evidence of right C5-6 radiculopathy, as well as co; This study is being ordered for a congenital abnormality.; The patient is 18 years or older.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Prior to surgical correction, MRI's of her Cervical spine and thoracic spine are necessary to rule out any compression that may be affected with derotation and straightening of the spine and are necessary due to complaints of the numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; back pain that is debilitating, numbness in arms and legs; patient was started on tizanidine for muscle spasms and pain, ibuprofen and hydrocodone for severe pain/conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Marfan Sybdrome;Mr. ALEX TURNER is a pleasant 22 year old male with a past medical history of Marfan syndrome and migraines. He was referred to us "to check for any benefits in assessing for the FBN1 genetic mutation", per Dr. Arie Szatkowski's note. Pat; This is a request for an MR Angiogram of the chest or thorax | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72125 Computed tomography, cervical spine; without contrast material | The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72125 Computed tomography, cervical spine; without contrast material | The Prescription Monitoring Program was reviewed and discussed in detail with the patient. It is recommended;that the patient continue her current medications. The patient reports that the pain is manageable, and she is;able to perform activities of dai; This study is being ordered for trauma or injury.; 8/3/2015; There has been treatment or conservative therapy.; Christianna Nelson is a 65 year old White female who complains primarily of lower back pain. The patient states;that the onset of pain was gradual with no known reason.The patient states that the pain seems to worsen with any increased;physical activity; The treatment tried in the;past includes bed rest, ice/heat, physical therapy, home exercises. She says that the prior treatments tried;have not helped much. The treatments were started when the home remedies and other OTCs did not work.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72125 Computed tomography, cervical spine; without contrast material | There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72125 Computed tomography, cervical spine; without contrast material | This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72128 Computed tomography, thoracic spine; without contrast material | Physician is considering surgery for this pt.; This study is being ordered for Congenital Anomaly.; Unknown, it started in her teenage years; There has been treatment or conservative therapy.; She has back pain with numbness in her arms and legs, shaking in her hands.; Patient has worn a brace and used nsaid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72128 Computed tomography, thoracic spine; without contrast material | The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | Physician is considering surgery for this pt.; This study is being ordered for Congenital Anomaly.; Unknown, it started in her teenage years; There has been treatment or conservative therapy.; She has back pain with numbness in her arms and legs, shaking in her hands.; Patient has worn a brace and used nsaid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | The Prescription Monitoring Program was reviewed and discussed in detail with the patient. It is recommended;that the patient continue her current medications. The patient reports that the pain is manageable, and she is;able to perform activities of dai; This study is being ordered for trauma or injury.; 8/3/2015; There has been treatment or conservative therapy.; Christianna Nelson is a 65 year old White female who complains primarily of lower back pain. The patient states;that the onset of pain was gradual with no known reason.The patient states that the pain seems to worsen with any increased;physical activity; The treatment tried in the;past includes bed rest, ice/heat, physical therapy, home exercises. She says that the prior treatments tried;have not helped much. The treatments were started when the home remedies and other OTCs did not work.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Geraldine Boyd is a 74 year old;White female who complains;primarily of lower back pain. It;radiates to the right hip, back of the;right leg and side of the right leg.;She states the pain is deep;;numbing, sharp, shooting, throbbing;;tingling and p; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; patient has done PT and home exercises with no improvement her back pain is a 8/10 at worst dull, aching,burning, cramping, numbness and sharp and stabbing pain she can not have an MRI due to SCS both right and left L3-S1 RFA and left intra-articu; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72131 Computed tomography, lumbar spine; without contrast material | This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | COMPLETED PHYSICAL THERAPY AND STILL EXPERIENCING PAIN. PAIN MEDICATION MANAGEMENT.; UNKNOWN; There has been treatment or conservative therapy.; NERVE PAIN, NECK PAIN, LOWER BACK PAIN. WORSENING PAIN. CONSTANT PAIN.; PAIN MEDICATION. COMPLETED PHYSICAL THERAPY. DECREASE PHYSICAL ACTIVITY.; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | PATIENT COMPLAINS OF MYOFASCIAL MUSCLE PAIN WHICH IS BARELY MANAGEABLE. REQUEST MADE FOR TRIGGER POINT STEROID INJECTION; UNKNOWN; There has been treatment or conservative therapy.; NECK PAIN, LOW BACK PAIN, SHOULDER PAIN, MYALGIA; PT, OT, ACTIVITY MODIFICATION, HOME EXERCISE PROGRAM AND CURRENT PAIN MEDICATION(S) REGIMEN; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Patient has increased pain C spine and L spine since starting PT. Patient was instructed to stop PT until MRI, to determine cause of pain.; Date of Onset: chronic symptoms for about 5 months; There has been treatment or conservative therapy.; Low back pain & pain in cervical spine. Patient reports having severe difficulty performing work related activities as a truck driver due to neck, shoulder and arm pain. Patient is unable to carry or lift a shopping bag or briefcase without increasing pai; Physical therapy and med management; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Patient has symptoms that are suspicious myelopathy; 5 years; There has not been any treatment or conservative therapy.; Falling a lot, spastic gait, numbness, burning, aching,tingling,weakness in all extremities; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | patient is a previous cancer patient with increasing back and neck pain; 3 years ago; There has been treatment or conservative therapy.; numbness, tingling, pain; physical therapy and injections and nsaid, ice, muscle relaxers, chiropractic; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | positive for weakness, arthralgias, back pain, neck pain, decreased range of motion; years ago; There has been treatment or conservative therapy.; ; She was treated with steroids, nsaid, muscle relaxants and referred to PT. She has completed 18 PT sessions with some improvement in back disability from 48% to 32%, but worsening of neck disability from 16% to 32%. Right sciatica and right cervical radi; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | <p>Prior to surgical correction, MRI's of her Cervical spine and thoracic spine are necessary to rule out any compression that may be affected with derotation and straightening of the spine and are necessary due to complaints of the numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; back pain that is debilitating, numbness in arms and legs; patient was started on tizanidine for muscle spasms and pain, ibuprofen and hydrocodone for severe pain/conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | <p>She has an abnormal exam with weakness in upper and lower extremities. She becomes off balance easily and has a positive Romberg's. This testing is for further evaluation for demyelinating disease as well as a metabolic process.; Patient already shows an abnormal signal in the central cord at C6-7 without cord compression. Possibilities for this would demyelinating disease as well as a metabolic process. We would like to evaluate for demyelinating disease and other compressions of; It is not known if there has been any treatment or conservative therapy.; Patient described a bandlike sensation starting from her lower to mid back and goes the front around her bellybutton, slightly worse on the right side. Balance is not good but no history of falls or tripping. Chronic neck, occasionally shooing down to her; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics</p> | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | <p>The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.</p> | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Unknown; March 2020; There has not been any treatment or conservative therapy.; weakness, numbness, pain; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Patient has symptoms that are suspicious myelopathy; 5 years; There has not been any treatment or conservative therapy.; Falling a lot, spastic gait, numbness, burning, aching, tingling, weakness in all extremities; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Prior to surgical correction, MRI's of her Cervical spine and thoracic spine are necessary to rule out any compression that may be affected with derotation and straightening of the spine and are necessary due to complaints of the numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; back pain that is debilitating, numbness in arms and legs; patient was started on tizanidine for muscle spasms and pain, ibuprofen and hydrocodone for severe pain/ conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | She has an abnormal exam with weakness in upper and lower extremities. She becomes off balance easily and has a positive Romberg's. This testing is for further evaluation for demyelinating disease as well as a metabolic process.; Patient already shows an abnormal signal in the central cord at C6-7 without cord compression. Possibilities for this would demyelinating disease as well as a metabolic process. We would like to evaluate for demyelinating disease and other compressions of; It is not known if there has been any treatment or conservative therapy.; Patient described a bandlike sensation starting from her lower to mid back and goes the front around her bellybutton, slightly worse on the right side. Balance is not good but no history of falls or tripping. Chronic neck, occasionally shoeing down to her; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | ; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | COMPLETED PHYSICAL THERAPY AND STILL EXPERIENCING PAIN. PAIN MEDICATION MANAGEMENT.; UNKNOWN; There has been treatment or conservative therapy.; NERVE PAIN, NECK PAIN, LOWER BACK PAIN. WORSENING PAIN. CONSTANT PAIN.; PAIN MEDICATION. COMPLETED PHYSICAL THERAPY. DECREASE PHYSICAL ACTIVITY.; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Mars MRI of the right hip to rule out recurrent abductor tendon tear; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Patient has increased pain C spine and L spine since starting PT. Patient was instructed to stop PT until MRI, to determine cause of pain.; Date of Onset: chronic symptoms for about 5 months; There has been treatment or conservative therapy.; Low back pain & pain in cervical spine. Patient reports having severe difficulty performing work related activities as a truck driver due to neck, shoulder and arm pain. Patient is unable to carry or lift a shopping bag or briefcase without increasing pai; Physical therapy and med management; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | PATIENT HAS REPORTED PAIN AND ONGOING NUMBNESS TO LOWER EXTREMITIES DESPITE HAVING BACK SURGERY.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | patient is a previous cancer patient with increasing back and neck pain; 3 years ago; There has been treatment or conservative therapy.; numbness, tingling, pain; physical therapy and injections and nsaid, ice, muscle relaxers, chiropractic; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | positive for weakness, arthralgias, back pain, neck pain, decreased range of motion; years ago; There has been treatment or conservative therapy.; ; She was treated with steroids, nsoids, muscle relaxants and referred to PT. She has completed 18 PT sessions with some improvement in back disability from 48% to 32%, but worsening of neck disability from 16% to 32%. Right sciatica and right cervical radi; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | She has an abnormal exam with weakness in upper and lower extremities. She becomes off balance easily and has a positive Romberg's. This testing is for further evaluation for demyelinating disease as well as a metabolic process.; Patient already shows an abnormal signal in the central cord at C6-7 without cord compression. Possibilities for this would demyelinating disease as well as a metabolic process. We would like to evaluate for demyelinating disease and other compressions of; It is not known if there has been any treatment or conservative therapy.; Patient described a bandlike sensation starting from her lower to mid back and goes the front around her bellybutton, slightly worse on the right side. Balance is not good but no history of falls or tripping. Chronic neck, occasionally shoeing down to her; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 57 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 25 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Unknown; March 2020; There has not been any treatment or conservative therapy.; weakness, numbness, pain; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Pelvic Mass found on Ultrasound. Xray also performed. Needs further testing.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Pelvic Mass; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; No, this is not a preoperative study. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73200 Computed tomography, upper extremity; without contrast material | This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the upper extremity. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | ; This study is being ordered for trauma or injury.; Injury 07/28/2021; There has been treatment or conservative therapy.; Left hand and arm pain due to recent injury; Medication given as treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Abnormal findings in specimens. Seronegative Rheumatoid Arthritis. ;CMC Arthritis. ;Bilateral hands show joint space narrowing of the PIP and DIP Joints with presence of early erosions.; This study is being ordered for Inflammatory/ Infectious Disease.; 2 years ago, she had elevated CCP great than 162.CRP slightly elevated at 17.5. ANA and rhumtoid factor negative.; There has been treatment or conservative therapy.; Localized pain in Thumbs, difficulty carrying cups or thinks like that and also has some discomfort in her PIP Joints which she does have some joint space narrowing and some evidence of spurs. Wrist gives the patient trouble and she does endorse a minimal; Over the counter NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. | 8 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | ; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Recommendation at this point is to obtain MRI of left wrist to assess for bony contusion versus occult a CMC dislocation versus occult carpal fracture.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed? | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | To evaluate for extensor tendon tenosynovitis versus longitudinal split tearing. She has completed a course of formal hand therapy, oral anti-inflammatories, bracing, activity modification, and has not had significant lasting improvement. She has continue; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | To r/o triangular fibro cartilage complex tear; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | .; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73700 Computed tomography, lower extremity; without contrast material | X-Ray Right Hip Report 06/29/21 shows possible Cortical Fracture to Right hip difficult to exclude. X-Ray L-Spine Report 06/29/21 shows spondylosis, worse at L4-L5.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a suspected tarsal coalition.; BILATERAL FOOT PAIN; This is a request for a bilateral ankle MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Planned surgery was noted as an indication for knee imaging; A Total Knee Arthroplasty (TKA) is NOT being performed. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Mars MRI of the right hip to rule out recurrent abductor tendon tear; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | RESTAGING OF LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | aortic stenosis; This study is being ordered for Vascular Disease.; aortic stenosis; There has not been any treatment or conservative therapy.; aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | TAVR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdomen. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 1/25/21; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 1/25/2021; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 02/01/2019; There has been treatment or conservative therapy.; ; surgery;chemotherapy;radiation therapy;endocrine therapy - ongoing; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 3/11/2020; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 04/03/2018; There has been treatment or conservative therapy.; SWOLLEN LYMPH NODES, FATIGUE; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 04/13/2015; There has not been any treatment or conservative therapy.; Completed treatment;:-Core biopsy on 04/13/2015, followed by right mastectomy and lymph node dissection on 05/05/2015. Pathology showed invasive ductal carcinoma, grade-1, measuring 1 cm, ER positive, 91%, PR positive, 72%, HER-2/neu negative by DiSH wit; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 4/14/21; There has been treatment or conservative therapy.; ; Imatinib (Gleevec) 400mg PO once;daily v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 05/20/2021; There has been treatment or conservative therapy.; Shortness of Breath; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 05/21/2021; There has not been any treatment or conservative therapy.; TUMOR FOUND IN APPENDIX, VOMITING, GASTROESOPHAGEAL RELUX DISEASE, IBS, ANXIETY AND DEPRESSION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 05/2019; There has been treatment or conservative therapy.; WEIGHTLOSS, ANXIETY/ DEPRESSION, HOT FLASHES, BREAST CANCER; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 06/09/2021 ;Papillary Urothelial Carcinoma, High Grade; There has not been any treatment or conservative therapy.; Gross Hematuria, Urinary Retention, Clot Retention.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/17/2013; There has been treatment or conservative therapy.; BREAST CANCER; CHEMO. RESECTION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/19/2019; There has been treatment or conservative therapy.; RESTAGING; NCCN_OVA6: Bevacizumab 15mg/kg IV D1 Q21D v2.0;Liposomal Doxorubicin (Doxil) 40 mg/m2 IV D1 + Bevacizumab 10mg/kg IV D1,15 Q28D v2.0;Lynparza (olaparib) 300mg PO BID v2.0;Niraparib (Zejula) 200mg PO daily v2.0;NCCN_OVA4: Carboplatin AUC5 - Paclitaxel ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 08/03/2017; There has been treatment or conservative therapy.; BREAST WITH BRAIN METS S/P CRANIOTOMY WITH INCREASING; FERAHEME 7/14/21-7/21/21;TRASTUZUMAB 7/7/21-11/23/22;CAPECITABINE 3/1/21-8/16/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 09/17/2018; There has been treatment or conservative therapy.; CANCER, HEADACHES; Completed treatment.;Core biopsy 9/7/18; IDC, ER +91%, PR +96%, HER-2/neu 3+ with a Ki-67 of 92%.;Lymph node sampling 09/21/2018 and 5 of 5 lymph nodes were negative.;Partial mastectomy 10/8/18: Path showed invasive ductal carcinoma, grade 2, measuring; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 9/17/2020; There has been treatment or conservative therapy.; ; Opdivo 240mg q14d;x24 JL+ MK v4.0 ;Taxol 175mg/m2.;Carbo(AUC 5) q21d x6;JL+ MK+ v2.0;KCl 20meq IV x1 v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 9/27/19; There has been treatment or conservative therapy.; Stage IIIC high grade serous ovarian cancer, now with recurrence.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 09/2010; There has been treatment or conservative therapy.; increasing fatigue, body aches, and breast cancer in both breast; radiation, chemotherapy, mastectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 11-27-20 seen in ED and had CT showing an esophageal mass, a right breast nodule and a paratracheal lymph node that was enlarged. EGD done 11-28 with dilation and bx performed that was significant for extensive high grade dysplasia. Referred for EUS, a se; There has been treatment or conservative therapy.; After 12 cycles of FOLFOX plus Herceptin, patient having abdominal pain off and on for past few days. Denied diarrhea or constipation. Denied pain on the appointment on 7-7-2021.; started on Folfox and RT to seophagus 2-1-2021; chemo delayed due to weather; cycl 2 FOLFOX on 2-22-2021 and started on Derceptin; 3-2 complete RT; 3-8 cycl 3 FOLFOX + Herceptin; 3-22 cycl 4 plus Herceptin; 4-2 CT chest, a/p showed tx response with domi; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 11/13/2019; There has been treatment or conservative therapy.; positive for mouth sores dizziness numbness; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 12/1/2015 and 10/20/2017; There has been treatment or conservative therapy.; ; Opdivo 240mg q14d x24 JL+ MK;v4.0;3/2/2018 1/25/2019 24/24 172.4/C43.4 Initial Discontinued treatment;is;complete; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 12/5/2018; There has been treatment or conservative therapy.; RE-STAGING AFTER TREATMENT; IFOFAMIDE/CARBOPLATIN START DATE: 12/22/20, COMPLETION DATE: 2/25/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 12/2020; There has been treatment or conservative therapy.; Mr. Nichols is a 59 y/o male with hx of DM2, hypothyroidism, and metastatic RCC (left kidney, mets to right adrenal gland) who presents to our clinic today for initial evaluation. Was diagnosed by CT scan at OSH in December 2020 after presenting for compl; Currently getting pembro + axitinib from outside oncologist; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ASSESS RESPONSE TO TX.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | CML diagnosed on 5/27/20; There has been treatment or conservative therapy.; Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission;Back pain/arthralgias.;Anxiety;Weight loss;Rash between breasts; Bosulif since 3/22/21. Has required multiple treatment holds due to side-effects. Restarted on 6/23/21 at 400 mg qod, switched to 300 mg daily since 7/9/21.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | colon ca - 3 month follow up; There has been treatment or conservative therapy.; CT chest, abdomen and pelvis now on April 15, 2021 with no evidence of disease with the precarinal lymph node has substantially;decreased in size and its normal now and the previously seen abdominal pelvic lymph nodes are no longer identified with no new; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | HISTORY OF PRESENT ILLNESS;;03/04/2021 The HPI information was reviewed and revised as needed. The patient is here for followup exam and scan results. She has a hx of stage III bladder cancer, dx in 2017, s/p tx with cystectomy and radiation. She is amb; There has been treatment or conservative therapy.; HISTORY OF PRESENT ILLNESS;;03/04/2021 The HPI information was reviewed and revised as needed. The patient is here for followup exam and scan results. She has a hx of stage III bladder cancer, dx in 2017, s/p tx with cystectomy and radiation. She is amb; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Neoplasm: endometrial ;Re-staging for metastatic endometrial cancer; There has been treatment or conservative therapy.; Metastatic endometrial cancer; We reviewed with the patient and family the diagnosis including pertinent imaging and pathologic results. We discussed various treatment options including XRT. The rationale for radiation therapy was described in detail including the goals of palliative; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | testicular cancer - 6/30/2021; There has been treatment or conservative therapy.; ; Received chemotherapy treatment with 4 cycles of cisplatin and etoposide which he completed on October 16, 2020; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); 1.9 cm Bosniak I cyst found projecting off the superior pole of left kidney on abdomen ultarsound performed on 8/12/21. There is back pain of the left-from shoulder blade to low back. pt also c/o nocturia, frequency every 2 hours, urgency with occasional ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; It is not known if there is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anergyism or a Pelvis Mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 07/30/2021; There has not been any treatment or conservative therapy.; Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; | This is a request for a heart or cardiac MRI | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | aortic stenosis; This study is being ordered for Vascular Disease.; aortic stenosis; There has not been any treatment or conservative therapy.; aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | TAVR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | chest pain, chest pressure and tightness, right sided facial twitching, bradycardia,dizziness; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | FEVER, HEADACHE, SWEATING, VOMITING, SEVERE BREAST PAIN, NIPPLE DISCHARGE WITH PUS; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Patient is high risk with lifetime risk of 33%. Her mother diagnosed with bilateral breast cancer @ 43, patient also has 3 Maternal aunts diagnosed with breast cancer in 40s-50s, along with one maternal female cousin. Patient had RT/LT Stereotatic Biopsie; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Assessment: ;1. Atypical angina - I20.8 (Primary) ;2. Acute congestive heart failure, unspecified heart failure type - I50.9 ;3. Venous insufficiency (chronic) (peripheral) - I87.2 ;4. Lymphedema - I89.0 ;5. Right hip pain - M25.551; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient has a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | CAD ;-s/p DES x 5 remotely with chronically occluded PDA , at WRM ;-stable chronic angina symptoms, has been active;-states he has had an increase in dyspnea symptoms;-uses Nitro occasionally;-last ischemic evaluation was stress test in 2015;-conti; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Chest pain/anginal equiv, prior revascularization; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | clinicals uploaded; This study is being ordered for Vascular Disease.; 1/22/2020; There has been treatment or conservative therapy.; follow up; She did bring her b/p log from home which shows b/p ranging from 170/80- 120/60. She states when her b/p is in the normal range she will feel fatigued and have pain across her shoulders. Otherwise, she states she feels well. She denies cp, SOB, palpitations, and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Dyspnea on exertion, CAD, CHF, PCI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; it is not known if there has been any treatment or conservative therapy.; DYSPNEA ON EXERTION.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Patient with several risk factors for coronary artery disease including hypertension, hypercholesterolemia, smoking, and family history of CAD having symptoms which could represent angina or anginal equivalent. EKG shows poor R wave progression V1 through; This study is being ordered for Congenital Anomaly.; unknown, chronic issues; There has been treatment or conservative therapy.; chest heaviness, dyspnea, diaphoresis, nausea, left arm pain; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Bilateral BKA, uses prostheses to ambulate rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left; This study is being ordered for Vascular Disease.; 04/16/2021; There has been treatment or conservative therapy.; chest pain radiating into left arm into his back, dyspnea; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | significant shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | significant family history of heart disease, 1 pack per day smoker over 40 years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-31-21; There has not been any treatment or conservative therapy.; chest pain, SOB, nausea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Starting chemotherapy for breast cancer. abnormal EKG with 1st degree heart block; Chemotherapy regimen TCHP; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has an incomplete revascularization in the past 2 years and lesion is a direct coronary risk OR attempted revascularization was less than optimally successful at reducing risk of coronary event; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; Follow up CT CAP on 7/2/21 show improvement in the renal and renal hilum nodes but mild increase in mediastinal nodes | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; ON 8-4-21 PATIENT RECEIVE CYCLE 13 OF FOLFOX PLUS HERCEPTIN. BASELINE MUGA SHOWED EJECTION FRACTION OF 56%. PLAN IS TO CONTINUE FOLFOX PLUS HERCEPTIN AND BEGIN RADIATION THERAPY TO THE 2R LYMPH NODE. NEED TO MONITOR FOR TOXICITY. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78813 Positron emission tomography (PET) imaging; whole body | Malignant Melanoma of Scalp.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78813 Positron emission tomography (PET) imaging; whole body | NEWLY DX BREAST CA. FOR STAGING.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78813 Positron emission tomography (PET) imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; Enter name of tool here Enter score here 06/30/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 12/17/2020; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram; It is unknown if this is for the initial evaluation of heart failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Abnormal findings from patient's last echocardiogram August 2020 were reviewed with patient. Patient is asymptomatic and stable therefore, recommend an annual follow-up echocardiogram to reassess previously documented abnormalities.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | blood pressure occasionally high in 140s. Shortness of breath, lightheadedness/dizziness, presyncope or syncope, Systolic murmur; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | CHEST PAIN ANGIN HCC; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | CHEST PAIN ON EXERTION; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | clinicals uploaded; This study is being ordered for Vascular Disease.; 1/22/2020; There has been treatment or conservative therapy.; follow up; She did bring her b/p log from home which shows b/p ranging from 170/80- 120/60. She states when her b/p is in the normal range she will feel fatigued and have pain across her shoulders. Otherwise, she states she feels well. She denies cp, sob, palps, and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Dyspnea on exertion, CAD, CHF, PCI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; DYSPNEA ON EXERTION.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | dyspnea, unspecified type; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | f/u after chemo; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation, Essential hypertension; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | History of CVA, Takotsubo cardiomyopathy, hypertension, morbid obesity, family history of premature coronary artery disease, current smoking who is referred for cardiac risk stratification prior to hysterectomy for heavy menstrual bleeding.Cerebrovascular; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Short of breath with climbing stairs associated with chest pain without any significant radiation. Symptoms resolve in few minutes. She is also noticed few times a week fluttering in the chest which feels like her heart is going to jump out of the chest w; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | NEW DX BREAST CA. PT GOING TO TAKE CARDIAC TOXIC CHEMOTHERAPY; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | patient has had recent percutaneous coronary angioplasty and stent of the left anterior descending.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Patient with several risk factors for coronary artery disease including hypertension, hypercholesterolemia, smoking, and family history of CAD having symptoms which could represent angina or anginal equivalent. EKG shows poor R wave progression V1 through; This study is being ordered for Congenital Anomaly.; unknown, chronic issues; There has been treatment or conservative therapy.; chest heaviness, dyspnea, diaphoresis, nausea, left arm pain; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Bilateral BKA, uses prostheses to ambulate rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left; This study is being ordered for Vascular Disease.; 04/16/2021; There has been treatment or conservative therapy.; chest pain radiating into left arm into his back, dyspnea; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. | 2 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 9 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves. | 6 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. | 32 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 17 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 76 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This is a patient with heart failure with reduced EF and intermittent claudication, needs evaluation.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | TIA (transient ischemic attack); This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | Patient have significant thrombotic events. He does have what appears to be embolic occlusion of posterior cerebral artery that fortunately resolved without residual symptoms. Also had pulmonary embolism around the same time. He is currently undergoing hy; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation., The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled.; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. | 12 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 06/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 09/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request.; Questions about your Lumbar Spine request.; Three or more visits anticipated; LEFS; 16/80; The anticipated number of visits is other than 2.; same.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oswestry; 46%; The anticipated number of visits is other than 2.; oswestry; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; PT eval; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; MAHC 10 FALL RISK ASSESSMENT; 6; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 6; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 08/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OWESTRY; 30%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OWESTRY; 30%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; 62; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; none; none; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; none; none; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 73%; Non-Surgical; The anticipated number of visits is other than 2.; NA; NONE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; uefs; 29; Non-Surgical; The anticipated number of visits is other than 2.; 29; uefs; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; none; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; lower extremity, active ROM, manual muscle testing; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; UNKNOWN; UNKNOLWEN; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; berg balance; 85%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NONE; 0; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 88; DIZZINESS HANDICAP INVENTORY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; unknown; 40; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; bergs; 23%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | <p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 41; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p> | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ROM and strength; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/02/2021; ankle; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | 06/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 09/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Approval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | After it was drained, it keeps coming back. Was drained in Dr.'s office on 5/12/21, and all she got was blood, and it did not go down at all in size. Size stayed the same; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2020; There has been treatment or conservative therapy.; Pt has lump/mass on back of head/neck.; Pt drained the mass, and then went to Dermatologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | Rule out intracranial hemorrhage; rule out skull, cervical and/or facial fractures.; This study is being ordered for trauma or injury.; 08/23/2021; There has been treatment or conservative therapy.; Head and neck pain; nausea, blurry vision; facial bruising and swelling.; Tylenol, ibuprofen and Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70450 Computed tomography, head or brain; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | Rule out intracranial hemorrhage; rule out skull, cervical and/or facial fractures.; This study is being ordered for trauma or injury.; 08/23/2021; There has been treatment or conservative therapy.; Head and neck pain; nausea, blurry vision; facial bruising and swelling.; Tylenol, ibuprofen and Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | subcutaneous nodule face; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70486 Computed tomography, maxillofacial area; without contrast material | Radiology Services Denied Not Medically Necessary | TMJ; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | After it was drained, it keeps coming back. Was drained in Dr.'s office on 5/12/21, and all she got was blood, and it did not go down at all in size. Size stayed the same; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2020; There has been treatment or conservative therapy.; Pt has lump/mass on back of head/neck.; Pt drained the mass, and then went to Dermatologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70490 Computed tomography, soft tissue neck; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70544 Magnetic resonance angiography, head; without contrast material(s) | Radiology Services Denied Not Medically Necessary | PATIENT HAS LESION IN THE BRAIN THAT WERE NOTED 10 YEARS AGO.; This study is being ordered for a neurological disorder.; 04/01/2021; There has not been any treatment or conservative therapy.; CONFUSTION, UNABLE TO THINK AND TALK RIGHT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 15 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | Radiology Services Denied Not Medically Necessary | This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 08/25/2021; There has not been any treatment or conservative therapy.; FATTY LIVER/EDEMA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Calcified Hilar and Mediaslinal Nodes and possible left lower lobe granuloma; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | CHEST XR PERFORMED ON 6/30 INDICATES RIGHT LOWER LOBE INFILTRATE CONSISTENT WITH PNEUMONIA AND PULMONARY NODULES. EXAM IS REQUESTED FO FURTHER EVALUATION.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Enter date of initial onset here - or Type In Unknown If No Info Given > 3 to 6 months; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given > abnormal weight loss, elevated tumor markers, chronic back; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Malignant Melanoma of Scalp.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | patient was hospitalized and had a ct of the chest that showed mass versus inflammatory process patient ate a large amount of meth, follow up to see if ct chest clears; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Pt. with chest wall pain x1 year. Worse with raising right upper extremity.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | Wt loss, smoking hx; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Patient with newly diagnosed invasive breast cancer, images needed for staging and treatment planning.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Clavical, rib, and spine fractures from trauma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | patient has compression fracture of neck; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72125 Computed tomography, cervical spine; without contrast material | Radiology Services Denied Not Medically Necessary | Rule out intracranial hemorrhage; rule out skull, cervical and/or facial fractures.; This study is being ordered for trauma or injury.; 08/23/2021; There has been treatment or conservative therapy.; Head and neck pain; nausea, blurry vision; facial bruising and swelling.; Tylenol, ibuprofen and Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|--|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72128 Computed tomography, thoracic spine; without contrast material | Radiology Services Denied Not Medically Necessary | wanting to r/o any fractures; This study is being ordered for trauma or injury.; 09/21/2021; There has been treatment or conservative therapy.; mid back pain that radiates to chest and headache along with chest tightness; Injection orphenadrine citrate 60 mg and toradol 15 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Clavical, rib, and spine fractures from trauma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Dudley Bratton is a 80 year old male who complains primarily of low back and leg pain. The patient states that;the onset of pain was after surgery. It radiates to the back of the right leg, side of the right leg and back of the;left leg. He states the p; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; palpation of bilateral si joints reproduced pain, bilateral patricks test positive. bilateral trochanteric bursa alpation reproduced lower back and hip pain.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72131 Computed tomography, lumbar spine; without contrast material | Radiology Services Denied Not Medically Necessary | wanting to r/o any fractures; This study is being ordered for trauma or injury.; 09/21/2021; There has been treatment or conservative therapy.; mid back pain that radiates to chest and headache along with chest tightness; Injection orphenadrine citrate 60 mg and toradol 15 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Congenital Anomaly | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | ; MONTHS AGO; There has been treatment or conservative therapy.; BURNING, CRAMPING, NUMBING, TINGLING PAIN. LOW BACK AND NECK PAIN; PHYSICAL THERAPY; This study is being ordered for Other | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Cavallo, Carrie presents for Lower Back Pain, Neck Pain, and Hip Pain evaluation and management. She is an established patient. She complains of exacerbation of Lower Back Pain, not being managed with activity;modification, home exercise program and cur; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Gregory Midgett is a 57 year old male who complains primarily of low back and leg pain. The patient states that;the onset of pain was while walking. He states the pain is aching, deep and sharp. On a numerical rating scale;the patient states his pain a; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Investigate cervical radiculopathy associated with thoracic/lumbar scoliosis.; Patient complaining of constant numbness in hands, palms, thumbs, index, middle, and lateral sides of ring fingers since March 2021. Has scoliosis, turns towards the left.; There has been treatment or conservative therapy.; Hands numbness, cervical and thoracic pain at night, and hands tightness.; Has had Toradol injections on spine in the past and cannot tolerate NSAIDS.; This study is being ordered for Severe Scoliosis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Monitor new symptoms of MS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | numbness in both arms. history of bulging disk.. no mri 2017; 9/7/21; There has not been any treatment or conservative therapy.; back pain, paresthesia hands bilateral, neck pain; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Previous CT scan shows mild disc and facet degeneration at multiple levels as well as cervical lordosis in upper cervical spine. Doctor wants these tests done to determine etiology of her pains - or Type In Unknown If No Info Given.; 7/2021 for Cervical spine issues due to having a mini stroke, unknown for the L-spine issues; There has been treatment or conservative therapy.; neck pain, bilateral arm numbness, bilateral upper shooting numbness as well as shaking, throbbing pain in her antecubital fossa and right arm, low back pain and her legs go weak after standing for some time, numbness in anterior thighs, throbbing/burning; Patient is taking flexeril and Norco/no physical therapy- or Type In Unknown If No Info Given; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Pt is in a lot of pain and scans are needed to move forward with the Spinal Injections.; Unknown; There has not been any treatment or conservative therapy.; Feels like neck is tight, pulling her down. Feels like;head is too heavy for her spine. Has pain into shoulders, into left elbow, right side to her hand. Associated with;N/T/ weakness. Also has headaches from muscle tightness; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member. | 8 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; Unknown; There has been treatment or conservative therapy.; Patient c/o chronic pain in lower back. Patient states that the pain is a aching and hot-burning pain that radiates to the right lower extremity. Pain get worse when she is up doing increased activity.; Medication Treatment and Injections.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | ; Patient presents to the clinic with c/o lower backache with pain that shoots down both legs. The pain is chronic lasting for several years. States that it flares up occasionally. Patient states that sometimes when he is walking the pain will exacerbate an; There has been treatment or conservative therapy.; lower backache with pain that shoots down both legs; OTC NSAIDS, Ketorolac, Decadron, Xrays done: Thoracic showed large posterior osteophytes; Lumber showed no acute abnormalities.; This study is being ordered for Neurological Disorder | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. 2018; There has been treatment or conservative therapy.; mid to low back pain, chronic; injections, radio frequency where they burn nerves, still complain for pain; This study is being ordered for Inflammatory / Infectious Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Investigate cervical radiculopathy associated with thoracic/lumbar scoliosis.; Patient complaining of constant numbness in hands, palms, thumbs, index, middle, and lateral sides of ring fingers since March 2021. Has scoliosis, turns towards the left.; There has been treatment or conservative therapy.; Hands numbness, cervical and thoracic pain at night, and hands tightness.; Has had Toradol injections on spine in the past and cannot tolerate NSAIDS.; This study is being ordered for Severe Scoliosis | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | numbness in both arms. history of bulging disk. no mri 2017; 9/7/21; There has not been any treatment or conservative therapy.; back pain, paresthesia hands bilateral, neck pain; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Physician is considering surgery due to the increased pain.; In pts teenage years; There has been treatment or conservative therapy.; Patient has back pain, numbness in her arms and legs, shaking in her hands; Patient has wore braces and used nsais; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; David Banister is a 54 year old White male who complains primarily of mid back pain. The patient states that;the onset of pain was gradual with no known reason. The pain is not the result of any injury or accident. It,radiates to the right hand/fingers, | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a thoracic spine MRI; This study is being ordered for Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; PATIENT HAD MRI L SPINE ON 07/02/2021. PER RADIOLOGIST, MODERATE CENTRAL DISC PROTRUSION WITH MILD TO MODERATE SPINAL CANAL STENOSIS @ T10-T11. FURTHER EVALUATION WITH DEDICATED THORACIC SPINE MRI COULD BE PERFORMED; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; Greater than six weeks; There has not been any treatment or conservative therapy.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Congenital Anomaly | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; MONTHS AGO; There has been treatment or conservative therapy.; BURNING, CRAMPING, NUMBING, TINGLING PAIN. LOW BACK AND NECK PAIN; PHYSICAL THERAPY; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; Patient presents to the clinic with c/o lower backache with pain that shoots down both legs. The pain is chronic lasting for several years. States that it flares up occasionally. Patient states that sometimes when he is walking the pain will exacerbate an; There has been treatment or conservative therapy.; lower backache with pain that shoots down both legs; OTC NSAIDS, Ketorolac, Decadron, Xrays done: Thoracic showed large posterior osteophytes; Lumbar showed no acute abnormalities.; This study is being ordered for Neurological Disorder | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 10/2019; There has been treatment or conservative therapy.; Currently the pain is located in the low back bilaterally and radiates into bilateral buttocks, posterior thighs and calves. Denies saddle pain or numbness. No new bowel/bladder dysfunction, focal weakness, or persistent numbness. Patient does report that; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Cavallo, Carrie presents for Lower Back Pain, Neck Pain, and Hip Pain evaluation and management. She is an established patient. She complains of exacerbation of Lower Back Pain, not being managed with activity; modification, home exercise program and cur; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown if No Info Given. 2018; There has been treatment or conservative therapy.; mid to low back pain, chronic; injections, radio frequency where they burn nerves, still complain for pain; This study is being ordered for Inflammatory / Infectious Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Gregory Midgett is a 57 year old male who complains primarily of low back and leg pain. The patient states that;the onset of pain was while walking. He states the pain is aching, deep and sharp. On a numerical rating scale,;the patient states his pain a; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | PATIENT COMPLAINS OF MYOFASCIAL MUSCLE PAIN WHICH IS BARELY MANAGEABLE. REQUEST MADE FOR TRIGGER POINT STEROID INJECTION; UNKNOWN; There has been treatment or conservative therapy.; NECK PAIN, LOW BACK PAIN, SHOULDER PAIN, MYALGIA; PT, OT, ACTIVITY MODIFICATION, HOME EXERCISE PROGRAM AND CURRENT PAIN MEDICATION(S) REGIMEN; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Physician is considering surgery due to the increased pain.; In pts teenage years; There has been treatment or conservative therapy.; Patient has back pain, numbness in her arms and legs, shaking in her hands; Patient has wore braces and used nsaid; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Previous CT scan shows mild disc and facet degeneration at multiple levels as well as cervical lordosis in upper cervical spine. Doctor wants these tests done to determine etiology of her pains - or Type In Unknown If No Info Given.; 7/2021 for Cervical spine issues due to having a mini stroke, unknown for the L-spine issues; There has been treatment or conservative therapy.; neck pain, bilateral arm numbness, bilateral upper shooting numbness as well as shaking, throbbing pain in her antecubital fossa and right arm, low back pain and her legs go weak after standing for some time, numbness in anterior thighs, throbbing/burning; Patient is taking flexeril and Norco/no physical therapy- or Type In Unknown If No Info Given; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|---|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Pt is in a lot of pain and scans are needed to move forward with the Spinal Injections.; Unknown; There has not been any treatment or conservative therapy.; Feels like neck is tight, pulling her down. Feels like;head is too heavy for her spine. Has pain into shoulders, into left elbow, right side to her hand. Associated with;N/T/ weakness. Also has headaches from muscle tightness; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Trauma or recent injury | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 43 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 13 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; Greater than six weeks; There has not been any treatment or conservative therapy.; ; This study is being ordered for Other | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | Unknown; Unknown; There has been treatment or conservative therapy.; Patient c/o chronic pain in lower back. Patient states that the pain is a aching and hot-burning pain that radiates to the right lower extremity. Pain get worse when she is up doing increased activity.; Medication Treatment and Injections.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Malignant Melanoma of Scalp.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | X-Ray Right Hip Report 06/29/21 shows possible Cortical Fracture to Right hip difficult to exclude. X-Ray L-Spine Report 06/29/21 shows spondylosis, worse at L4-L5.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; 10/2019; There has been treatment or conservative therapy.; Currently the pain is located in the low back bilaterally and radiates into bilateral buttocks, posterior thighs and calves. Denies saddle pain or numbness. No new bowel/bladder dysfunction, focal weakness, or persistent numbness. Patient does report that.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ELEVATED PSA, SURVEILLANCE FOR PROSTATE CANCER; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | Abnormal findings in specimens. Seronegative Rheumatoid Arthritis. ;CMC Arthritis. ;Bilateral hands show joint space narrowing of the PIP and DIP Joints with presence of early erosions. ; This study is being ordered for Inflammatory/ Infectious Disease.; 2 years ago. she had elevated CCP great than 162.CRP slightly elevated at 17.5. ANA and rhumtoid factor negative. ; There has been treatment or conservative therapy. ; Localized pain in Thumbs, difficulty carrying cups or thinks like that and also has some discomfort in her PIP Joints which she does have some joint space narrowing and some evidence of spurs. Wrist gives the patient trouble and she does endorse a minimal; Over the counter NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI. ; The request is for shoulder pain. ; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI. ; The request is for shoulder pain. ; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks. ; The patient has completed 4 weeks of physical therapy? ; This is NOT a Medicare member. | 7 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI. ; The request is for shoulder pain. ; The pain is from a recent injury. ; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear. ; Surgery or arthroscopy is not scheduled in the next 4 weeks. ; It is not known if there is a suspicion of fracture not adequately determined by x-ray. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI. ; The request is for shoulder pain. ; The pain is from a recent injury. ; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. ; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI. ; The request is for shoulder pain. ; The pain is from a recent injury. ; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. ; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 3 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s). | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Radiology Services Denied Not Medically Necessary | The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. | 3 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73700 Computed tomography, lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Yes, this is a request for CT Angiography of the lower extremity. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Follow-up history of atypical chest pain who presents for knee pain follow up.pt is complaining of b/l knee pain though R AND L; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | Pt. c/o left buttock and groin pain. Saw ortho who suggest left hamstring tear; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Radiology Services Denied Not Medically Necessary | This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | .; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | Pt. c/o left buttock and groin pain. Saw ortho who suggest left hamstring tear; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Radiology Services Denied Not Medically Necessary | This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | Malignant Melanoma of Scalp.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | Patient with newly diagnosed invasive breast cancer, images needed for staging and treatment planning.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with noncontrast material(s), including image postprocessing | Radiology Services Denied Not Medically Necessary | This is a request for CT Angiography of the Abdomen and Pelvis. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | ; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 08/25/2021; There has not been any treatment or conservative therapy.; FATTY LIVER/EDEMA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Enter date of initial onset here - or Type In Unknown If No Info Given > 3 to 6 months; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given > abnormal weight loss, elevated tumor markers, chronic back; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | follow up ct abd and pelvis oct 31 2018 found abnormal results; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | Monitor new symptoms of MS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abnormal ultrasound; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Cystic kidney disease; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); FOLLOW- UP RENAL CYST AND HISTORY OF RENAL ABSCESS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | HLD, HTN, smoker, chest pain, abnormal ECG.; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Radiology Services Denied Not Medically Necessary | This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 77046 Magnetic resonance imaging, breast, without contrast material; unilateral | Radiology Services Denied Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.;; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;; The member has known or suspected coronary artery disease.;; The BMI is 30 to 39 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | chest pain, dyspnea on exertion, 57-year-old male with history of hypertension, hyperlipidemia, cigarette smoking and chronic back pain presents with episodes of chest pain that have been happening pretty much daily for the past 10 days or so. They happe; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;; The study is requested for suspected coronary artery disease.;; The member has known or suspected coronary artery disease.;; The BMI is 20 to 29 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Evaluate and/or rule out cardiac etiology of symptoms.;; This study is being ordered for Vascular Disease.;; 08/27/2021; There has been treatment or conservative therapy.;; Chest pain/pressure and tightness with shortness of breath with a longstanding history of hypertension.;; Antihypertensive medications, antihyperlipidemic medications, rest, positive healthy lifestyle changes for the past month.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | Event with pain in the right side of the chest going across to the left along with neck/jaw discomfort as if someone compressing the chest associated with difficulty breathing, nausea. History of dyslipidemia, PVCs who presents for further evaluation. 3-d; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | History of CVA, Takotsubo cardiomyopathy, hypertension, morbid obesity, family history of premature coronary artery disease, current smoking who is referred for cardiac risk stratification prior to hysterectomy for heavy menstrual bleeding.Cerebrovascular; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Short of breath with climbing stairs associated with chest pain without any significant radiation. Symptoms resolve in few minutes. She is also noticed few times a week fluttering in the chest which feels like her heart is going to jump out of the chest w; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Radiology Services Denied Not Medically Necessary | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78813 Positron emission tomography (PET) imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/14/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; n/a; n/a; 06/15/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65 | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | Radiology Services Denied Not Medically Necessary | Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/29/2021; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If 64 year old female with a past medical history of hypertension, T2DM, GERD, IBS, ADHD, lupus, gout, fibromyalgia, depression and carotid veins referred by Dr. Tucker for cardiac evaluation.; Patient repo; This study is being ordered for Congenital Anomaly; 64 year old female with a past medical history of hypertension, T2DM, GERD, IBS, ADHD, lupus, gout, fibromyalgia, depression and carotid veins referred by Dr. Tucker for cardiac evaluation.; Patient reports that she is able to go on a stationary; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | Evaluate and/or rule out cardiac etiology of symptoms.; This study is being ordered for Vascular Disease.; 08/27/2021; There has been treatment or conservative therapy.; Chest pain/pressure and tightness with shortness of breath with a longstanding history of hypertension.; Antihypertensive medications, antihyperlipidemic medications, rest, positive healthy lifestyle changes for the past month.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | significant family history of heart disease, 1 pack per day smoker over 40 years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-31-21; There has not been any treatment or conservative therapy.; chest pain, SOB, nausea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | Radiology Services Denied Not Medically Necessary | This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | 07/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Enter name of tool here 17%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | Radiology Services Denied Not Medically Necessary | Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic for the member's plan | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | Radiology Services Denied Not Medically Necessary | Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Unknown; Unknown; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Unknown | Disapproval | S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | Radiology Services Denied Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 07/30/2021; There has not been any treatment or conservative therapy.; Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | | ; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | | 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | | 'None of the above' describes the reason for this request.; The patient had an abnormal lab finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | | "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | 03/23/21; There has been treatment or conservative therapy.; increased psa , bilateral renal cyst 8.9 cm left kidney; medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | 04-20-21; There has not been any treatment or conservative therapy.; cancer, member has a mass; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | 05/12/2009; There has been treatment or conservative therapy.; aches ,joint pains; Nephrectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | 07/15/2021; There has not been any treatment or conservative therapy.; Enlarged heperogeneous testicle.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | 11/09/2020; There has been treatment or conservative therapy.; Bladder mass, heaturia, Anemia, painful urination, the use of a foley catheter was required,; Patient was seen and underwent cystoscopy to evaluate CT findings of a bladder mass with intermittent painless gross hematuria. Cystoscopy revealed a nodular change to the base of the bladder away from the trigone. TURBT was recommended and discussed in; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|---|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | PARTIAL LEFT NEPHRECTOMY FOR PAPILLARY TYPE RENAL CELL CARCINOMA ON 12//15. SCAN IS ORDERED FOR ANNUAL SURVEILLANCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | The patient has a hx of renal cancer. On his last surveillance CT, a new lung nodule was seen. The radiologist recommended followup chest CT in 3 months to evaluate for growth, stability or resolution; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 71250 Computed tomography, thorax; without contrast material | There is a known tumor.; Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72192 Computed tomography, pelvis; without contrast material | ; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72192 Computed tomography, pelvis; without contrast material | Checking for ureter stone; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study"; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72192 Computed tomography, pelvis; without contrast material | This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | 63-year-old male with BPH with lower urinary tract symptoms and an elevated PSA. His PSA was 4.20 in 08/2018. His PSA was rechecked and found to be 6.24 on 10/23/18. He is s/p prostate biopsy on 12/14/18. TRUS volume of 42.87 cc. His pathology showed 4/12; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | complaint that her dyspareunia is still persisting. She does claim she feels a nodule or cyst on her urethra again. She is worried she has another diverticulum.;;urethral diverticulum excision previously done on 4/28/2020.;;There is a mild firmness on; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Elevated PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | EVAL NEEDED FOR PROSTATE CANCER.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Metastatic colon cancer to liver; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | prostate cancer; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | PT HAS BLADDER PAIN AND FREQUENCY THAT HAS BEEN GOING ON FOR 6MTHS; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 11 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74150 Computed tomography, abdomen; without contrast material | PARTIAL LEFT NEPHRECTOMY FOR PAPILLARY TYPE RENAL CELL CARCINOMA ON 12//15. SCAN IS ORDERED FOR ANNUAL SURVEILLANCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74150 Computed tomography, abdomen; without contrast material | This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | ; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|--|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 03/23/21; There has been treatment or conservative therapy.; increased psa , bilateral renal cyst 8.9 cm left kidney; medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 04-20-21; There has not been any treatment or conservative therapy.; cancer, member has a mass; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 05/12/2009; There has been treatment or conservative therapy.; aches ,joint pains; Nephrectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 07/15/2021; There has not been any treatment or conservative therapy.; Enlarged heperogeneous testicle.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | 11/09/2020; There has been treatment or conservative therapy.; Bladder mass, heaturia, Anemia, painful urination, the use of a foley catheter was required,; Patient was seen and underwent cystoscopy to evaluate CT findings of a bladder mass with intermittent painless gross hematuria. Cystoscopy revealed a nodular change to the base of the bladder away from the trigone. TURBT was recommended and discussed in; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 10 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 6 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is laboratory or physical evidence of an intra-abdominal bleed.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 20 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RENAL ABCESS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 5 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|---------|----------|--|--|---------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 41 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment. | 4 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 72 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. | 19 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for hematuria. | 2 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|----------|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen. | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) | This is a request for Parathyroid SPECT imaging.; Elevated Parathyroid | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin) | 3 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 71250 Computed tomography, thorax; without contrast material | Radiology Services Denied Not Medically Necessary | 2019; There has been treatment or conservative therapy.; history neoplasm of the kidney; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | PT HAS SWELLING, TENDERNESS AND PAIN. SYMPTOMS STARTED 3 WEEKS PRIOR.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72192 Computed tomography, pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | ; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | A ct showed a very large prostate. His PSA keeps rising with the last result being 13.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | Elevated PSA; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | prostrate cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74150 Computed tomography, abdomen; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | 2019; There has been treatment or conservative therapy.; history neoplasm of the kidney; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|--|---|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|---------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 2 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74176 Computed tomography, abdomen and pelvis; without contrast material | Radiology Services Denied Not Medically Necessary | This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Radiology Services Denied Not Medically Necessary | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 76497 Unlisted computed tomography procedure (eg, diagnostic, interventional) | Radiology Services Denied Not Medically Necessary | Patient is having consistent hematuria both moderate and microhematuria. It is not resolving completely so MD is requesting a CT Urogram with CPT Code 74178 & 76377; Requestor has decided to proceed with the unlisted code. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin) | 3 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate) | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Urology | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Hx L SCA stent in 5/2020, ballooned in 11/2020. Presents with recurrent L arm pain/numbness and shooting pain. Abnormal carotid and vertebral duplex exam. Report attached.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Hx L SCA stent in 5/2020, ballooned in 11/2020. Presents with recurrent L arm pain/numbness and shooting pain. Abnormal carotid and vertebral duplex exam. Report attached.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | | Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|----------|--|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT | 2 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | known or suspected aortic aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | Thoracic aortic aneurysm (TAA), known, follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71250 Computed tomography, thorax; without contrast material | yearly follow up from thoracic aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | cad; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | dissection of thoracic aorta; This study is being ordered for Vascular Disease.; 2/2021; There has been treatment or conservative therapy.; SSS; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient underwent ascending aortic arch replacement for type A aortic dissection on 1/4/2021. This is a follow up CT scan to check position of TEVAR and to check for endoleak/further dissection.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | |
|----------------------|----------|------------------|----------|--|---|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | thoracic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | We will schedule a follow up CTA of the chest for a current measurement of the ascending thoracic aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Will fax in clinicals.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | dissection of thoracic aorta; This study is being ordered for Vascular Disease.; 2/2021; There has been treatment or conservative therapy.; SSS; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Patient underwent ascending aortic arch replacement for type A aortic dissection on 1/4/2021. This is a follow up CT scan to check position of TEVAR and to check for endoleak/further dissection.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | This is a request for CT Angiography of the Abdomen and Pelvis. | 5 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 74176 Computed tomography, abdomen and pelvis; without contrast material | This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes, this is a request for CT Angiography of the abdominal arteries. | 7 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose).; A biopsy has NOT substantiated the cancer type | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|----------|---|---|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up). | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | | |
|----------------------|----------|------------------|-------------|---|---|--|---|------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Approval | 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; AORTITIS; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Radiology Services Denied Not Medically Necessary | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | ; This study is being ordered for Vascular Disease.; AORTITIS; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 | 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Radiology Services Denied Not Medically Necessary | This is a request for CT Angiography of the Abdomen and Pelvis. | 1 | 2021 | Jul-Sep 2021 |

| | | | | | | | | |
|----------------------|----------|------------------|-------------|---|--|--|--------|--------------|
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | atherosclerotic vascular disease; tobacco use; high risk for CAD; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Radiology Services Denied Not Medically Necessary | tobacco dependence. hypertension, arterosclerotic and occluded abdominal aorta and iliac arteries; pre op CAD evaluation.; This is a request for a CT scan for evaluation of coronary calcification. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 76497 Unlisted computed tomography procedure (eg, diagnostic, interventional) | Radiology Services Denied Not Medically Necessary | CT VENOGRAM OF ABDOMEN & PELVIS; Requestor has decided to proceed with the unlisted code. | 1 2021 | Jul-Sep 2021 |
| 7/1/2021 - 9/30/2021 | 7/1/2021 | Vascular Surgery | Disapproval | 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) | 1 2021 | Jul-Sep 2021 |